SEXUALITY EDUCATION IN MISSISSIPPI:

PROGRESS IN THE MAGNOLIA STATE

MISSISSIPPI FIRST

SIECUS

Women's Foundation of Mississippi

Sexuality Education in Mississippi: Progress in the Magnolia State

Suggested Citation: *Sexuality Education in Mississippi: Progress in the Magnolia State*, Sexuality Information and Education Council of the United States, February 2014.

Acknowledgments

Sexuality Education in Mississippi was written by the Sexuality Information and Education Council of the United States (SIECUS) with contributions from Mississippi First, the Women's Foundation of Mississippi, and Kina Johnson, director of the Community and School Health Bureau for the Office of Preventive Health at the Mississippi State Department of Health. The contents of this manuscript are solely the responsibility of the authors and do not necessarily reflect the official views of the Mississippi State Department of Health. SIECUS gratefully acknowledges the primary author of this report, Elizabeth Moore, PhD student at Duke University School of Nursing and SIECUS summer 2013 program research intern.

Founded in 1964, **SIECUS** affirms that sexuality is a fundamental part of being human, one that is worthy of dignity and respect. We advocate for the right of all people to accurate information, comprehensive education about sexuality, and sexual health services. SIECUS works to create a world that ensures social justice and sexual rights.

Sexuality Information and Education Council of the United States
90 John Street, Suite 402 *1012 14th Street NW, Suite 1108*
New York, NY 10038 *Washington, DC 20005*

Mississippi First is a non-partisan, non-profit organization specializing in education policy research and advocacy. The mission of Mississippi First is to advocate the best public policy solutions and to revitalize Mississippi's democracy. We seek to partner with policy makers, politicians, and the public to identify priority problems, research solutions, advocate for our recommendations, and evaluate the implementation of relevant policies.

Mississippi First
125 South Congress Street, Suite 1508
Jackson, MS 39201

The **Women's Foundation of Mississippi** is the only grantmaking and advocacy organization in Mississippi entirely dedicated to funding programs that improve the lives of women and girls statewide. We believe when women are economically secure, safe, and healthy, then families and communities are economically secure, safe, and healthy.

Women's Foundation of Mississippi
120 North Congress Street, Suite 903
Jackson, MS 39201

The **Mississippi State Department of Health** aims to assist every community in the state to achieve the best possible health status for its citizens. The agency carries out this mission through investing in the core functions of public health: assessing health status indicators of the state's population to document each community's health needs and conduct epidemiological and other studies of specific health problems; developing and promoting public health policy and supporting strategies that protect the state's citizens from unsanitary conditions related to the environment and that emphasize healthy lifestyles and the prevention of morbidity and mortality associated with disease and illness; and assuring access to essential health services.

Mississippi State Department of Health
570 East Woodrow Wilson Drive
Jackson, MS 39216

Table of Contents

Introduction

While recognizing the state's alarming statistics for teen births, sexually transmitted diseases (STDs), and HIV/AIDS, it is important to acknowledge that Mississippi is making enormous strides in improving the sexual health and well-being of its young people. Before 2011, schools in Mississippi were not required to teach sexuality education or provide instruction on STD/HIV prevention—and if schools chose to teach either or both forms of education, Mississippi Code required instruction to stress abstinence-only-until-marriage. Due to the lack of statutory requirements, education standards, and curriculum guidelines to mandate school districts teach sexuality education prior to 2011, the majority of Mississippi's students did not receive necessary sexual health information in public schools.

However, House Bill 999 was passed in 2011 to amend Section 37-13-171 of the Mississippi Code of 1972. For the first time in Mississippi—a state where 58% of teens report having had sexual intercourse before the end of high school[1]—school districts were required to adopt and implement a sexuality education program into the school curriculum by the 2012-2013 school year.[2] School districts had the choice of adopting an "abstinence-only" or "abstinence-plus" policy for implementation, or to adopt a sex-related education program to be developed by the Mississippi Department of Human Services and the Department of Health (DHS program). It should be noted that after House Bill 999 passed, the DHS program was never created, and therefore this report will focus only on the choice between abstinence-only and abstinence-plus policies. Of Mississippi's 151 school districts and four special schools, 81 districts chose to implement abstinence-only programs, 71 chose abstinence-plus programs, and three chose a combination of abstinence-only and abstinence-plus programs based on grade level (abstinence-plus for older students). *Sexuality Education in Mississippi: Progress in the Magnolia State* takes a look at the sexual health and behaviors of teens in the state, breaks down the new sexuality education policy, and outlines the progress made and challenges discovered after the first year of implementation.

Sexual Health and Behavior of Mississippi Teens[3]

Prior to the implementation of House Bill 999 in June of 2012, there was overwhelming evidence that young people in Mississippi lacked the information and access to health services they needed to make

Mississippi's Rank in National Health Statistics

#2 in the country for rate of teen pregnancies

#2 in the country for rate of teen births

#2 in the country for rate of gonorrhea infections among all ages

#2 in the country for rate of chlamydia infections among all ages

#7 in the country for rate of HIV infections among all ages

#7 in the country for rate of syphilis infections among all ages

healthy decisions about their sexual behavior. Mississippi teenagers have consistently had higher rates of sexual activity, unintended pregnancy, and STD infections than their peers across the country. However, overall teen pregnancy statistics are improving. Teen birth rates in the U.S. and in Mississippi have steadily declined since 2008 (See Figure 3) and 70% of the state's live teen births were to older teens aged 18-19 years.[4] Although progress is being made, Mississippi continues to rank among the highest in negative sexual health outcomes, and it is critical that efforts to improve health outcomes for Mississippi teens continue.

Sexual Behavior

Nationwide, 47% of high school students report ever having had sexual intercourse, in comparison to 58% of Mississippi high school students.[5] In fact, data from the 2011 Mississippi *Youth Risk Behavior Survey* indicate that Mississippi youth engage in many sexual risk behaviors at rates higher than national averages. For example, Mississippi teens are nearly twice as likely to engage in sexual intercourse before the age of 13, and more likely to have multiple sexual partners than their peers nationwide (See Figure 1).[6] This is particularly troubling because research shows teenagers who initiate sexual activity at an early age are more likely to have multiple partners, and teens who have multiple sexual partners are at greater risk for contracting an STD.[7] Mississippi teens were more likely than U.S. high school students to report using a condom (65% vs. 60%, respectively) yet less likely to report using the birth control pill (15% vs. 18%, respectively) during their last sexual intercourse.[8]

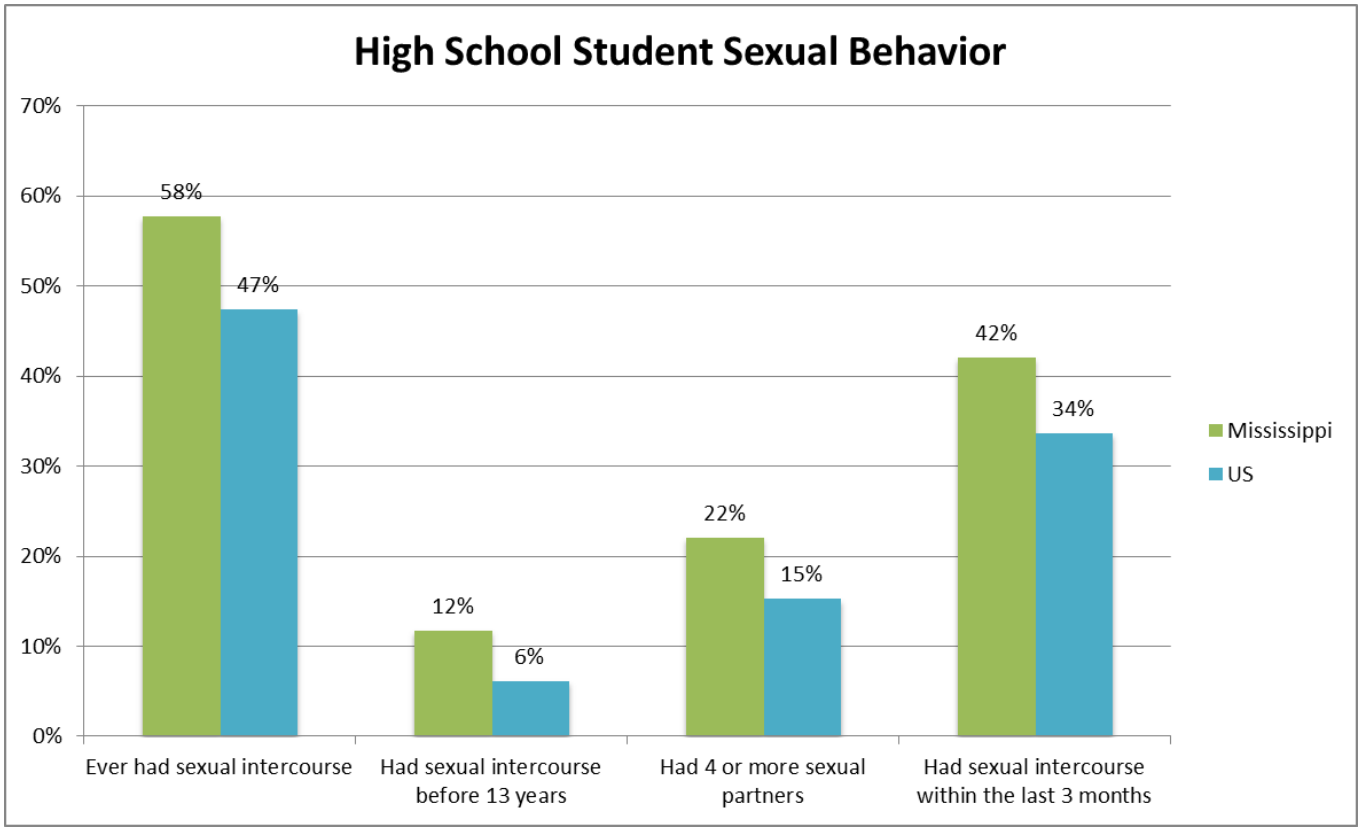


Figure 1. High School Student Sexual Behavior in Mississippi vs. US. Source: 2011 Mississippi YRBS Report

STDs and HIV/AIDS

Mississippi also ranks high in STD transmission rates. In 2011, the state had the second highest rates overall of both chlamydia and gonorrhea in the U.S.,[9] and the seventh highest rates overall of syphilis and HIV in the nation.[10] It is encouraging that the statistics for HIV/AIDS are markedly better than those for other STDs; however, 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—a state where young adults still account for 30% of new HIV cases.[11] It is also important to note that across the country, African American and Hispanic populations are disproportionately affected by HIV/AIDS, especially among women and children.[12] This is especially true for Mississippi, where 76% of the new HIV cases documented in 2011 were among African Americans, even though they make up only 37% of the population.[13]

23% of Mississippi teens report never learning about HIV or AIDS.

Teen Pregnancy Rates

In 2011, Mississippi's teen pregnancy rate was 58 per 1,000 females ages 15-19.[14] (Comparable data was not available for the nationwide teen pregnancy rate.) While this is a significant improvement from previous years, Mississippi's teen pregnancy rate is the second highest in the nation. Mississippi also has significant

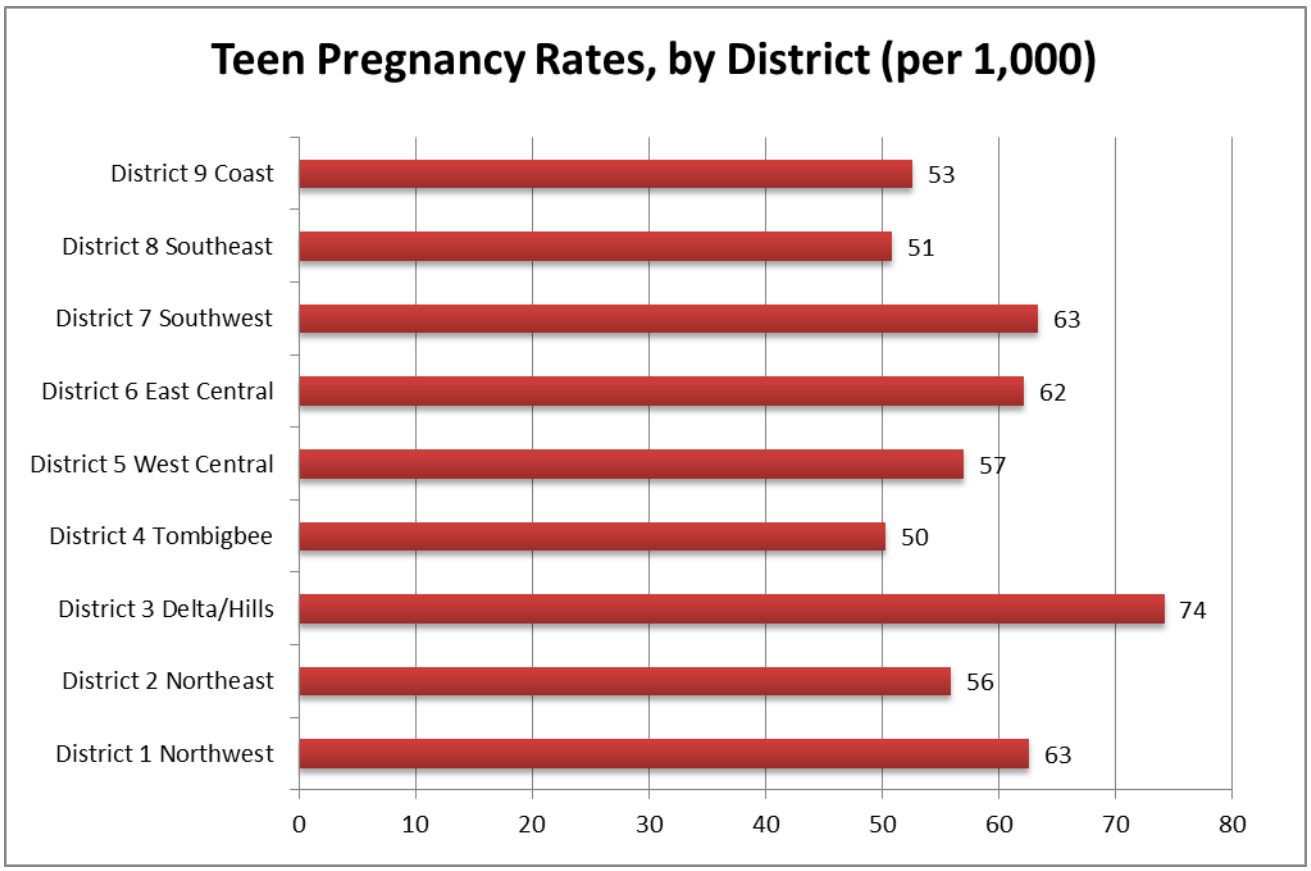


Figure 2. Mississippi Teen Pregnancy Rates by District, Ages 15-19, per 1,000. For a map of the Mississippi Public Health Districts, see Appendix A at the end of the report.

racial and ethnic disparities in teen pregnancy rates: among nonwhite females ages 15-19 the teen pregnancy rate is 71 per 1,000, compared to 45 per 1,000 for white females ages 15-19.[15] Significant geographic disparities in teen pregnancy rates exist within the state as well. For example, Mississippi Public Health Districts I, III, and VI, which encompass the Northwest, Delta/Hills, and East Central regions of the state, have the highest teen pregnancy rates in the state. It is important to note that while rates vary across the state, pregnancy rates in each of the nine Mississippi public health districts were higher than the national average.[16]

Teen Birth Rates

In 2011, Mississippi had the second highest teen birth rate in the nation, with a rate of 50 live births per 1,000 females ages 15-19.[17] This rate is significantly higher than the U.S. teen birth rate of 31 births per 1,000 females.[18] In Mississippi, 14% of all live births occurred in women under the age of 19. In addition, nearly 67% of families headed by unmarried teen moms live below the poverty line.[19] Mississippi also has the second highest repeat birth rate among females ages 15-19. The CDC reports that repeat teen births can jeopardize the well-being of both the mother and the child by making it difficult for the mother to attend school or maintain employment. In addition, there is a greater risk of adverse perinatal outcomes in closely spaced infants such as low birth weight.[20]

1 in 5 teen births in Mississippi is a repeat birth.

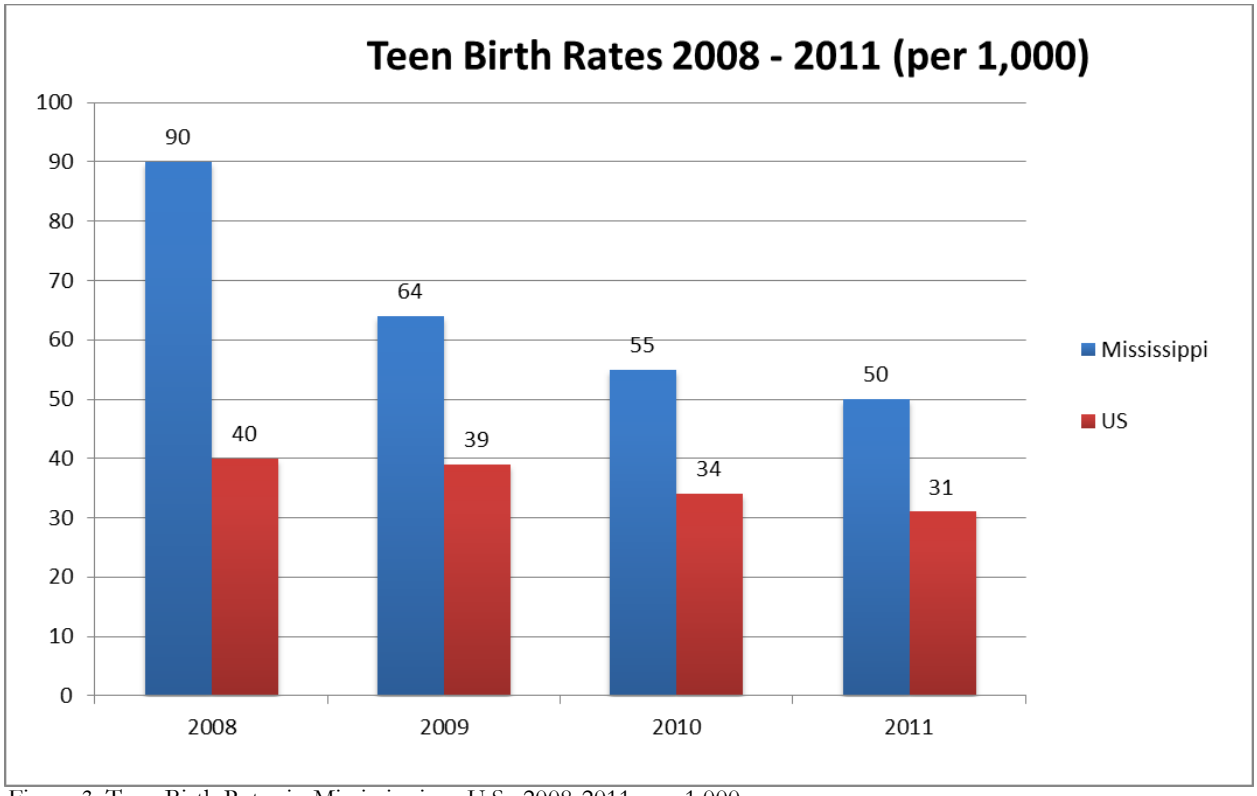


Figure 3. Teen Birth Rates in Mississippi vs. U.S., 2008-2011, per 1,000

Sexuality Education in Mississippi

Prior to the passage of House Bill 999 in 2011, the *Mississippi Public School Accountability Standards* recommended that students in kindergarten through eighth grade receive 45 minutes of health education per week and high school students should receive 60 hours of health education to graduate.[21] Health education classes and content were guided by the *2006 Comprehensive Health Framework*.[22] This document provided minimum curriculum standards for each grade level, including 10 core content strands identifying the aspects of health that should be taught to ensure continuity throughout the process of teaching health education: 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.[23] Sexuality education, including instruction on HIV, STDs, or pregnancy prevention was not mandated.[24] If schools chose to teach sexuality education classes, state law required that they specifically stress abstinence-until-marriage, including "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," and "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."[25] In addition, monogamous heterosexual relationships were required to be presented as the only appropriate place for sexual intercourse.[26]

Prior to HB 999, sexuality education was not mandated in Mississippi.

In March of 2011, the Mississippi legislature passed House Bill 999, which amended Section 37-13-171 of the Mississippi Code of 1972, requiring every school district to adopt a sexuality education policy ("abstinence-only" or "abstinence-plus") and a corresponding curriculum approved by the Mississippi Department of Education. The bill required each school district in the state to adopt a sexuality education policy by June 2012 and begin implementation no later than the 2012-2013 school year.[27] HB 999 outlines that the Mississippi Department of Education is responsible for establishing a protocol for districts in order to "provide continuity in teaching the approved curriculum in a manner that is age, grade and developmentally appropriate."[28] Although the new law represents great progress for the state of Mississippi, it is not without restrictions. For example, HB 999 prohibits males and females from being taught sexuality education in the same classroom, prohibits instruction and/or demonstrations of the application and use of condoms, and prohibits the use of programs not approved by the

HB 999 Curriculum Restrictions

- Prohibits males and females being taught sexuality education in the same classroom
- Prohibits demonstration of how condoms or other contraceptives are applied
- Prohibits teaching that abortion can be used to end a pregnancy

Mississippi Department of Education. In addition, HB 999 states that "there shall be no effort in either an abstinence-only or an abstinence-plus curriculum to teach that abortion can be used to prevent the birth of a baby."[29]

House Bill 999 also mandates that parents or guardians receive notification at least one week prior to the provision of any human sexuality instruction, and they must provide written permission for their child to participate in such classes. This is referred to as an "opt-in" policy. In contrast, "opt-out" policies allow children to be removed from sexuality education upon the request of a parent or guardian. Opt-in policies, like the one in Mississippi, are of concern to educators for fear that young people may miss valuable instruction time because some may be unable to gain active consent from their parents/guardians or will simply forget to do so. The overwhelming majority of states—35 and the District of Columbia—have opt-out policies.[30]

Opt-In vs. Opt-Out

3 states require written parental consent before a child can receive sexuality education instruction.

35 states and DC allow parents/guardians to opt their child out of sexuality education instruction.

Finally, HB 999 states that the Mississippi Department of Education and the Mississippi State Department of Health shall establish and implement a *Teen Pregnancy Pilot Program* in districts with the highest number of teen pregnancies, given the availability of funding. However, no additional state funding was allocated for this program. If implemented, such programs must be coordinated through the school nurse and include education on abstinence, reproductive health, teen pregnancy, and STDs—but may not provide abortion counseling or referrals to students.

Abstinence-Only vs. Abstinence-Plus: What's the Difference?

According to HB 999, Mississippi's sexuality education law, school districts had the choice of adopting an "abstinence-only" or "abstinence-plus" policy for the implementation of sexuality education. "Abstinence-only education" is defined in this law as a type of instruction (on a grade and age appropriate basis) that teaches **some or all** of the following:

- "The social, psychological, and health gains to be realized by abstaining from sexual activity, and the likely negative psychological and physical effects of not abstaining;"
- "The harmful consequences to the child, the child's parents and society that bearing children out of wedlock is likely to produce, including the health, educational, financial and other difficulties the child and his or her parents are likely to face, as well as the inappropriateness of the social and economic burden placed on others;"
- "That unwanted sexual advances are irresponsible and teaches how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances;"

- "That abstinence from sexual activity before marriage, and fidelity within marriage, is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases and related health problems;"
- "The current state law related to sexual conduct, including forcible rape, statutory rape, paternity establishment, child support and homosexual activity; and"
- "That a mutually faithful, monogamous relationship in the context of marriage is the only appropriate setting for sexual intercourse."[31]

Abstinence-only instruction does not have to include all of the components listed above, but may not include anything that contradicts these components. By contrast, abstinence-plus instruction **must include all** of the above components (on a grade and age appropriate basis). However, other topics such as contraceptive options and the cause and effects of sexually transmitted diseases and HIV/AIDS may also be discussed. If these topics are included, they must be accompanied by a factual presentation of the risks and failure rates of contraceptive devices.[32] In addition, instruction on condoms and contraceptives are strictly limited to discussions about these products and under no circumstances can they be demonstrated to students.

Abstinence-Plus instruction may include discussion on contraceptives, STDs, and HIV/AIDS.

Implementation of House Bill 999

Implementation of HB 999 was required by the 2012-2013 school year and is taking place primarily through Mississippi's share of dollars from the Personal Responsibility Education Program (PREP) administered by the U.S. Department of Health and Human Services, Administration for Children and Families. This state-grant program totals $75 million per year for fiscal years 2010-2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education. The PREP state-grant program supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other sexually transmitted diseases across the country. Funded programs must discuss abstinence and contraception, and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills. The Mississippi State Department of Health received $543,525 in federal PREP funds for

The Mississippi PREP state-grant program provides interventions to school districts that have adopted an abstinence-plus policy.

fiscal year 2013, and provides school-based and community-based interventions to school districts that have adopted an abstinence-plus policy.

The Creating Healthy and Responsible Teens (CHART) Initiative was created by Mississippi First, a non-partisan, non-profit organization specializing in education policy research and advocacy, in partnership with the Mississippi State Department of Health to reduce teen pregnancy, improve teen sexual health, and increase responsible decision-making through implementation of the new state law. CHART, which is funded with state PREP dollars, provides resources, tools, and technical assistance to districts free of charge.[33]

CHART targets school districts within counties that have the highest teen birth and STD rates in the state. To participate in the CHART Initiative, school districts must adopt an abstinence-plus policy, such as the CHART Model Policy; implement one of the approved abstinence-plus education curricula from the Mississippi Department of Education and the Mississippi State Department of Health list that is evidence based, age appropriate, and medically accurate; designate a licensed health or science educator who receives additional training on the curriculum from the Mississippi Department of Education and will teach abstinence-plus sex education; offer abstinence-plus sexuality education starting no later than seventh grade; and comply with Mississippi state law, which requires providing parents/guardians one week's notice before the commencement of abstinence-plus education, giving them the right to review materials, and written parental permission for each child's participation. It is a commitment to promoting abstinence-plus sexuality education and under the initiative, Mississippi First works directly with school districts to assist them in adopting an abstinence-plus policy and disseminating additional policy advocacy tools to school districts, communities, parents, and other stakeholders. There are currently 32 school districts that have adopted the CHART Model Policy.

32

Mississippi school districts have adopted the CHART Model Policy.

Mississippi First developed the CHART Model Policy in the summer of 2010, before HB999 was passed in March of 2011. CHART is an abstinence-plus policy which establishes guidelines for implementing evidence-based, age-appropriate, and medically accurate sexuality education curricula in schools. The policy has been reviewed and approved by the Bureau of Community and School Health at the Mississippi State Department of Health and is also posted for district use on the Office of Healthy Schools' website at the Mississippi Department of Education. The CHART Model Policy states that although abstinence-plus policies must promote abstinence as the primary goal, "some teenagers may become sexually active before marriage and that most Americans, whether they abstain until marriage or not, will become sexually active in their adulthood."[34]

Mississippi Department of Education Approved Curricula

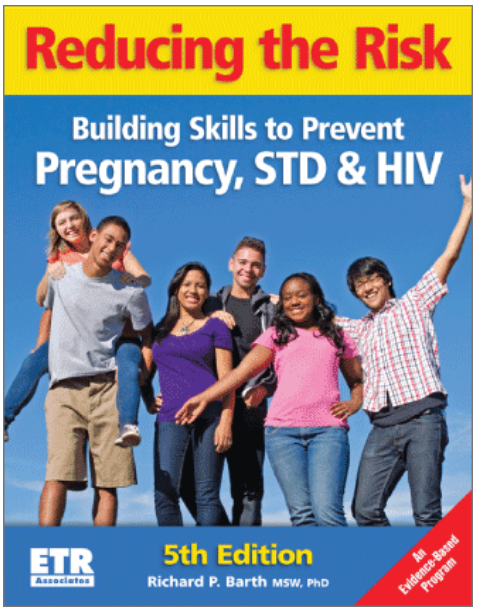
House Bill 999 requires all curricula chosen by Mississippi school districts to be approved by the Mississippi Department of Education. In response, in 2012, the Mississippi Department of Education's Office of Healthy Schools created a list of approved sexuality education curricula to be used by school districts. Currently, the list includes nine abstinence-only options and seven abstinence-plus options; however, five of the seven abstinence-plus curricula have also been approved for abstinence-only programming. Although seemingly contradictory, the Mississippi Department of Education has interpreted the language of HB 999 to allow curricula to be approved on both lists, even without any differences in the abstinence-only and abstinence-plus versions.

Table 1 shows the current abstinence-only and abstinence-plus curricula approved by the Mississippi Department of Education for school districts, and also notes evidence-based curricula recommended by the Mississippi State Department of Health. Currently, if a school district chooses to adopt one of the two abstinence-plus curricula that are both Mississippi Department of Education approved and Mississippi State Department of Health recommended, *Draw the Line/Respect the Line* and *Reducing the Risk: Building Skills to Prevent Pregnancy, STDs, and HIV*, they are eligible to receive CHART funding. Descriptions of the two current CHART Initiative abstinence-plus curricula are detailed on the follow page.

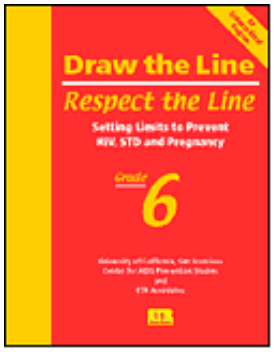
Mississippi Department of Education Approved Sexuality Education Curricula			
Program Name	**Abstinence Only**	**Abstinence Plus**	**MSDH Recommended**
Abstinence & Marriage Programs	*	*	
Choosing the Best	*	*	
Draw the Line/Respect the Line		*	* **CHART funding available**
Great Body Shop	*	*	
HealthTeacher.com	*	*	
Heritage Keepers	*		
Making A Difference	*		
Promoting Health Among Teens	*		
Reducing the Risk: Building Skills to Prevent Pregnancy, STDs, and HIV		*	* **CHART funding available**
Rise to Your Dreams	*		
WAIT Training	*	*	

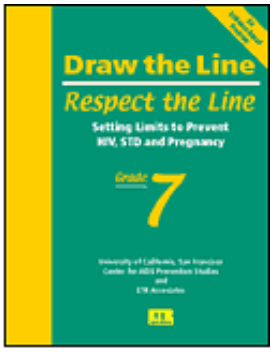
Table 1. MDE Approved Sexuality Education Curricula. Source: Mississippi State Department of Health, 2011

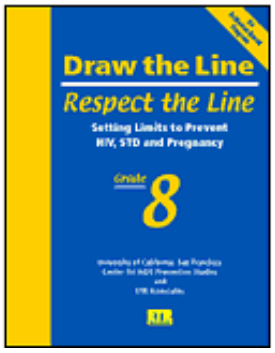
Reducing the Risk: Building Skills to Prevent Pregnancy, STDs, and HIV is an evidence based, pregnancy, STD, and HIV prevention curriculum designed for classroom use with students in the ninth and 10th grades.[35] *Reducing the Risk* aims to reduce high-risk behaviors among participants and emphasizes strategies for abstaining from sex or practicing safer sex. The 16 lessons in the curriculum address both abstinence and contraception use and include experiential activities that teach students to develop refusal, negotiation, and communication skills. An evaluation of the program published in *Family Planning Perspectives* found that it increased parent-child communication, especially among Latino youth, delayed the initiation of sexual intercourse, and reduced incidence of unprotected sex among lower risk youth who participated in the program.[36]



Source: ETR Associates







Source: ETR Associates

Draw the Line/Respect the Line is an evidence-based program designed to teach youth in grades 6-8 to postpone sexual involvement while providing information about condoms and contraception. The school based curriculum consists of 19 sessions (five sixth grade sessions, seven seventh grade sessions, and seven eighth grade sessions) divided by grade and includes group discussions, small group activities, and role-playing exercises focused on teaching youth how to establish and maintain boundaries regarding sexual behavior. Lessons for sixth grade students address using refusal skills; lessons for the seventh grade focus on setting sexual limits, the consequences of unprotected sex, and managing sexual pressure; and eighth grade students practice refusal and interpersonal skills and receive HIV/STD prevention education.[37] The program also includes individual teacher consultations and parent engagement through homework activities. Although it is designed for use in the classroom, the program may also be delivered in a community based setting. An evaluation of the program published in the *American Journal of Public Health* found, at one, two, and three-year follow-ups, that male participants were significantly less likely to report ever having had sexual intercourse or having had sexual intercourse during the previous 12 months, compared to participants in the control group.[38]

School District Progress

According to the Mississippi Department of Education, after the first year of implementation of HB 999, a slight majority of school districts chose to adopt an abstinence-only approach to sexuality education: 81 districts chose abstinence-only policies, 71 districts chose abstinence-plus policies, and three counties chose a combination of abstinence-only and abstinence-plus.[39] In addition, of the districts that chose to implement abstinence-plus policies, nearly half chose to take part in the CHART Initiative.

Reflecting the need for a more comprehensive sexuality education policy, school districts in areas of the state with higher teen birth and STD rates often chose to implement an abstinence-plus policy as compared to districts with lower teen birth and STD rates. For example, school districts that chose an abstinence-plus policy had an average teen birth rate of 31 per 1,000 females ages 10-19, compared to a rate of 27 per 1,000 for school districts that chose an abstinence-only policy. School districts that chose an abstinence-plus policy also had higher rates of chlamydia and gonorrhea for all ages than those that chose an abstinence-only policy.[40] See Figures 4 and 5 for more details.

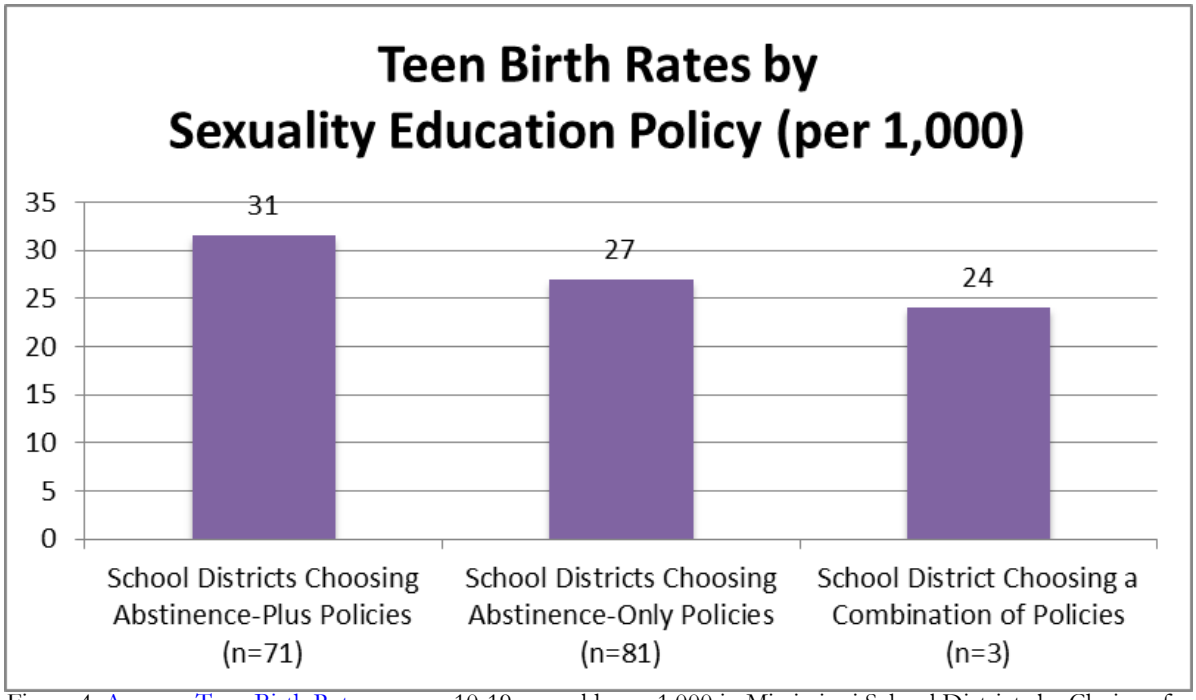


Figure 4. Average Teen Birth Rates among 10-19 year olds per 1,000 in Mississippi School Districts by Choice of Sexuality Education Policy

The state's largest school district, DeSoto County, chose an abstinence-only program. The second-largest district, in the city of Jackson, chose abstinence-plus. The state board of education chose abstinence-plus for four specialty schools it governs: the Mississippi School for the Deaf and the Mississippi School for the Blind, both in Jackson; the Mississippi School of the Arts, in Brookhaven; and the Mississippi School for Math and Science, in Columbus. For a complete list of school districts' sexuality education policy choices and health statistics, see Appendix B at the end of this report.

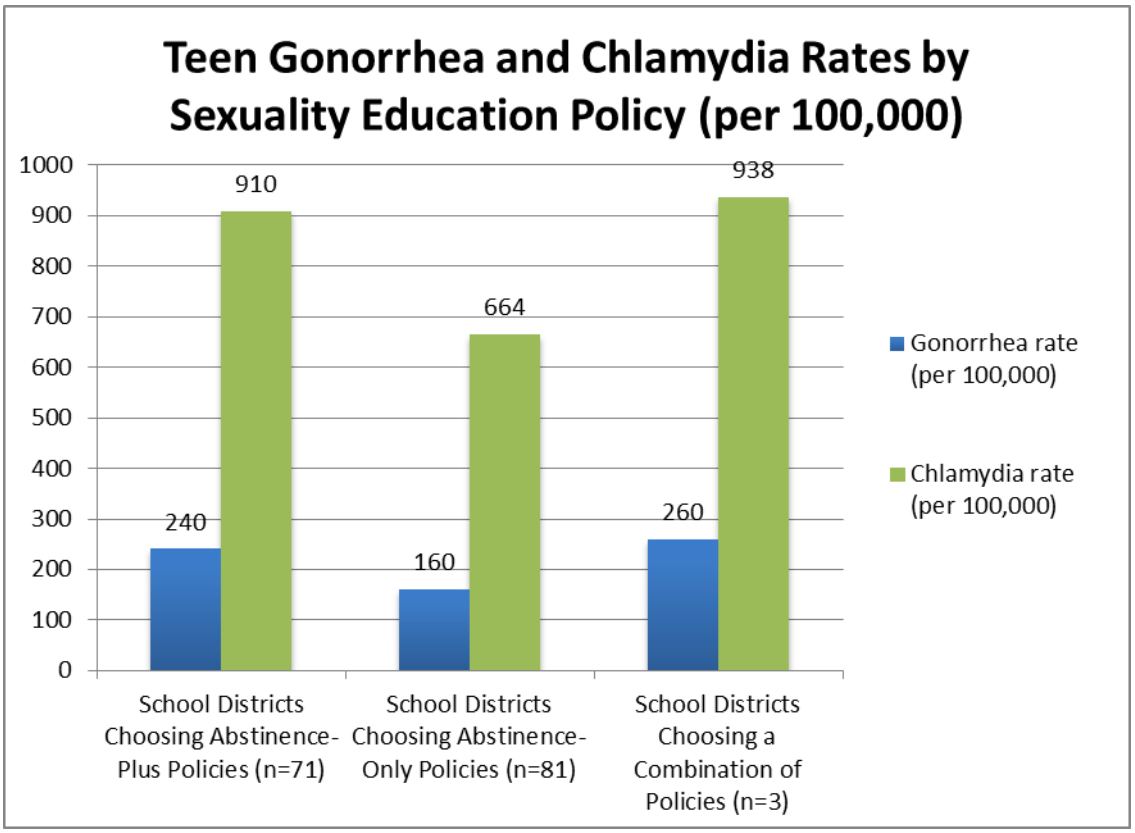


Figure 5. Average STD Rates among all ages, per 100,000 (Gonorrhea and Chlamydia) in Mississippi School Districts by Choice of Sexuality Education Policy

Implementation of Sex-Related Education Policy Study

In 2012, the Centers for Disease Control and Prevention and the Mississippi State Department of Education conducted the biannual *School Health Profiles* study of 310 randomly selected middle and high schools in Mississippi regarding the implementation of nutrition, health, and physical education in their schools. In addition, the Mississippi Department of Education, the Mississippi Department of Health, and the University of Southern Mississippi conducted a second study of the same randomly selected schools called the *Implementation of Sex-Related Education Policy* (*ISREP*) to specifically assess the implementation of House Bill 999. The response rate for the *ISREP* study was 75%, meaning that data was collected from principals and health education teachers from 228 schools across Mississippi from October 2012 until December 2012.[41] During the 2012-2013 academic school year, only 61% of the schools surveyed had taught sexuality education in the fall semester; the remaining schools did not plan on teaching sex education until the spring. Thus, a large percentage of the participants in the study had not yet begun teaching sexuality education. It is important to note the results of this study are preliminary and therefore, their use limited.

Among to the 228 schools in the *ISREP* study, 88% had adopted a sexuality education policy—with 52% adopting an abstinence-only policy and 34% adopting an abstinence-plus policy. (The remaining 2% was unknown.) This finding was consistent across grade levels, with the majority of middle schools and high schools in the study choosing abstinence-only policies. Despite the requirement to adopt a policy by June 2012, 4% of middle schools and 21% of high schools reported not yet having done so. Schools participating in the study cited time, scheduling, and gender-separated classrooms as the biggest barriers to implementing a sexuality education policy.[42]

Despite the requirement to adopt a policy by June 2012, 4% of middle schools, 21% of high schools had not yet done so.

Other highlights of the *ISREP* report include:

- 43% of middle schools and 24% of high schools reported that if the law had not been passed, they would not be teaching sex education
- 85% of schools reported separating classrooms by gender
- 70% of those teaching the curriculum are reported to have received professional development
- Of the 34% of schools reporting an abstinence-plus policy, 46% of these schools were using the same curriculum as the abstinence-only schools (*Choosing the Best* and *WAIT Training*)
- 37% of abstinence-plus schools were using CHART approved resources

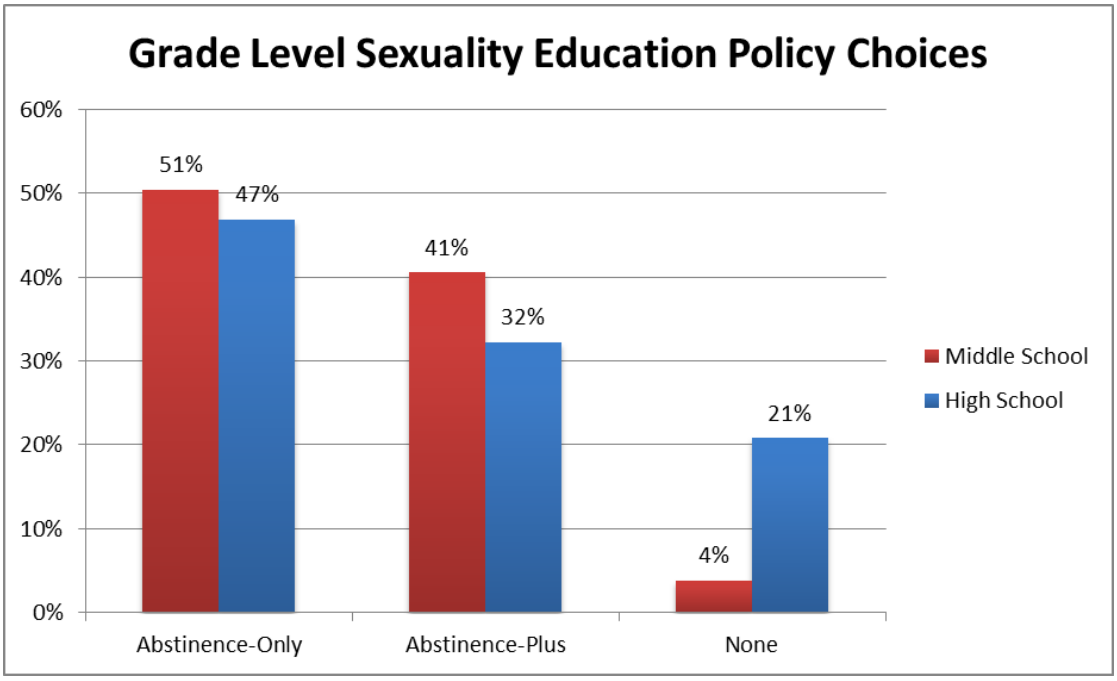


Figure 6. Sexuality Education Policy Choices in Mississippi by Grade Level

After adopting a sexuality education policy, Mississippi school districts were required to begin the process of implementation. The *ISREP* study asked schools to rank those individuals or groups most influential in the selection of the materials to use for implementation. Principals and teachers ranked the highest for both abstinence-only and abstinence-plus schools, followed by the School Health Council and public health professionals. These ranked higher than parents, politicians, students, and religious leaders.[43]

Among the schools that participated in the study, the majority reported to be implementing the *Choosing the Best* series—regardless of whether they had adopted an abstinence-only or abstinence-plus policy. Abstinence-plus schools indicated that they were also using the *Draw the Line/Respect the Line* curriculum, and both abstinence-only and abstinence-plus schools reported using the *WAIT (Why Am I Tempted?) Training* curriculum. For a full breakdown of curricula used in Mississippi schools as indicated by the *ISREP* study, please see figures 7 and 8.

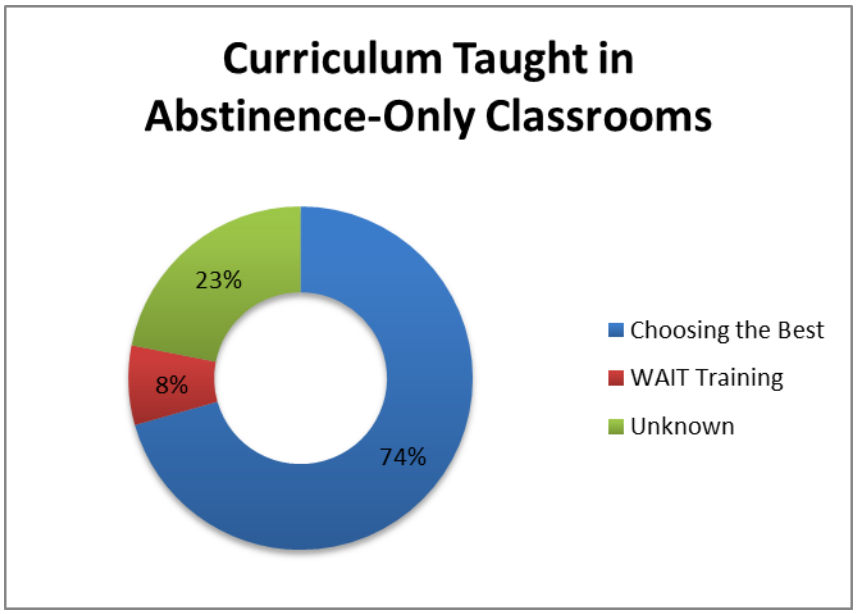


Figure 7. Curricula currently being taught in abstinence-only classrooms

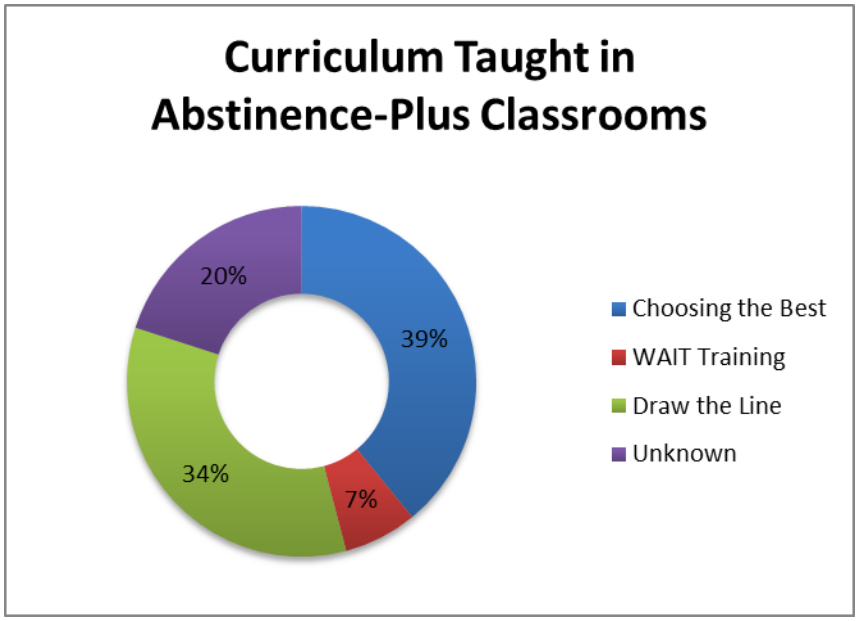


Figure 8. Curricula currently being taught in abstinence-plus classrooms

The *ISREP* study also asked schools about potential changes in the law that would help with implementation. The majority of schools that adopted an abstinence-only policy said no changes in the law were needed; however, some suggested that they would like to see funds for implementation, more autonomy/flexibility in implementation for schools and teachers, and doing away with separating genders for instruction.

Schools that adopted an abstinence-plus policy also suggested including funds for implementation and not having gender separate classrooms, but in addition, recommended removing the ban on condom demonstrations.[44]

Abstinence-Plus District Feedback

In addition to the *School Health Profiles* and the *ISREP* studies, the PREP program within the

Mississippi State Department of Health conducted a feedback survey for teachers and coordinators that facilitated instruction within the CHART model program during the 2012-2013 academic school year. The PREP program sent the Teacher Response Survey to the 33 school districts enrolled in CHART at the time and was administered at the conclusion of both the fall 2012 and spring 2013 semesters following the term of implementation.[45] The feedback survey included multiple-choice questions that addressed program structure, technical assistance, administrative support, and parental engagement. The survey also included four open-ended questions to assess program improvement opportunities. Just under half of the surveys sent out were completed by school teachers or school coordinators, who may have completed the surveys on behalf of multiple schools, resulting in data concerning CHART as a whole rather than data specific to individual schools districts.

Results of the Teacher Response Survey found that 71% of facilitators strongly agreed that the CHART training was helpful in making abstinence-plus curriculum instruction easier to teach and 66% of facilitators strongly agreed that the curriculum resources provided during the training were useful for implementation. Forty-four percent of facilitators surveyed agreed that school administrators were helpful with implementation of the program and 43% strongly agreed that Mississippi State Department of Health PREP staff were helpful with providing technical assistance when requested. Overall, 62% thought that implementing the abstinence-plus program was not difficult, 20% were neutral, and 18% thought implementation was difficult (See Figure 9).

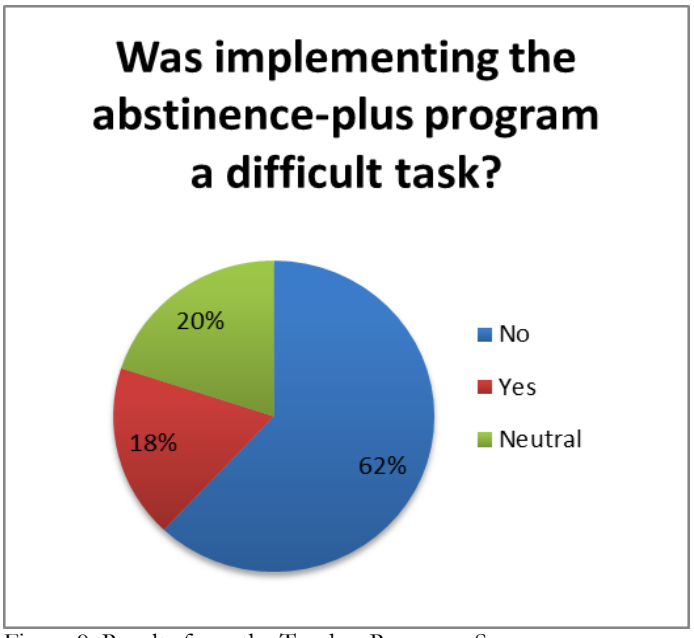


Figure 9. Results from the Teacher Response Survey

The most common responses for improvement opportunities for CHART from the CHART facilitators surveyed were as follows:

- Implement the program at the beginning of the academic school year
- Increase the number of trained facilitators in each school to reduce overcrowding
- Teach the program during the elective class period
- Expand program instruction to all eligible grades

Using the information gathered from the districts that implemented the CHART Model Program during the 2012-2013 academic school year, the Mississippi State Department of Health PREP program staff plans to increase state capacity for comprehensive sexuality education by continuing implementation

within priority districts, expanding implementation with eligible grades, and expanding educational outreach in underserved communities.

Conclusions and Recommendations

As described throughout this report, the passing and implementation of House Bill 999 was a big step in the right direction to improve the health of young people in Mississippi. Before 2011, schools in Mississippi were not even required to teach sexuality education or provide instruction on STD/HIV prevention—and now a law is in place requiring school districts to adopt a policy to implement sexuality education. This progress, in one of the most conservative states in the union, is a truly impressive example for the rest of the nation.[46]

However, there is still much room for improvement. To begin, Mississippi Code still states that sexuality education will "teach that a mutually faithful, monogamous relationship in the context of marriage is the only appropriate setting for sexual intercourse."[47] In other words, sexuality education instruction in Mississippi is required to teach students that heterosexual marriage is the end goal, and intimate relationships outside of this type of marriage are not appropriate—a troublesome discourse for a state where over half of its high school students have already had sexual intercourse.[48] In addition, Mississippi law continues to discriminate against gay and lesbian students, considering "homosexual activity" to be "unnatural."[49] Under the Mississippi code, sexuality education programs are still required to teach that homosexual conduct is considered criminal and subject to incarceration.[50] Furthermore, as indicated in the *ISREP* study, 21% of high schools reported not having taught sexuality education in the past school year, and for those that did, only 37% of schools that adopted an abstinence-plus policy utilized a CHART recommended curriculum.[51]

Some additional key challenges with HB 999 include:

- Limiting the comprehensive sexuality education students receive through abstinence-plus instruction by not permitting information on how to apply and practice the correct and consistent use of condoms and other contraceptives
- Failing to directly provide any additional funds for schools to purchase, implement, or support their adopted policy and curriculum
- Classifying approved curricula as both abstinence-only and abstinence-plus
- Containing an "opt-in" policy requirement rather than an "opt-out" policy requirement

In response to these challenges, the authors of this report make the following recommendations to residents of the Magnolia state, Mississippi school districts, members of the Mississippi state legislature, and those invested in advancing sexuality education in Mississippi to improve upon and continue the progress of HB 999: increase the number of school districts that adopt an abstinence-plus policy and participate in CHART, decrease the restrictions currently imposed on sexuality education classes (e.g. separating classes by gender, prohibiting the demonstration of condoms, etc.), and expand statewide investment in sexuality education so that HB 999 can be implemented effectively.

Report Recommendations

Increase the number of school districts that adopt an abstinence-plus policy and participate in CHART.

Decrease the restrictions currently imposed on sexuality education classes.

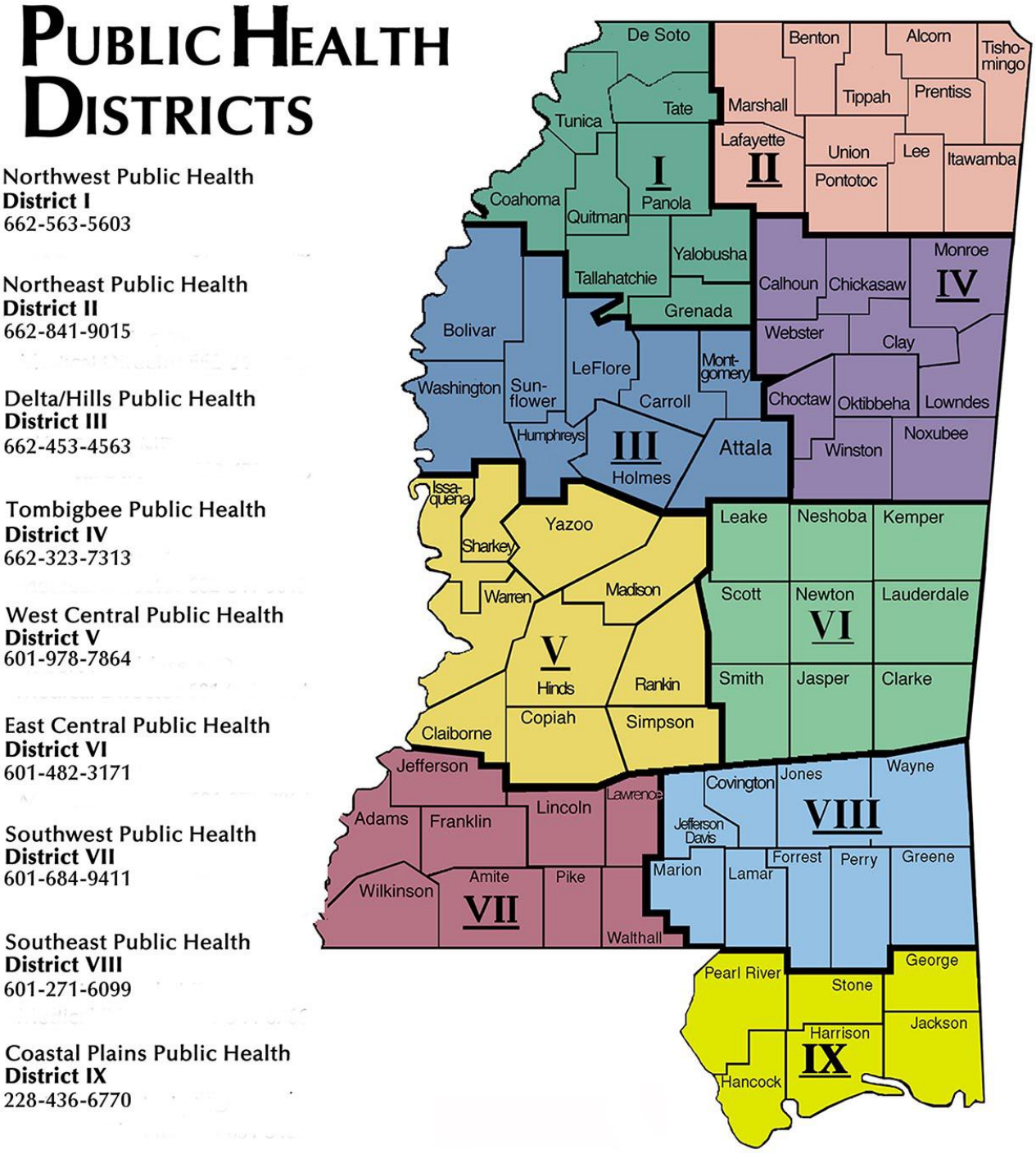
Expand statewide investment in sexuality education so that HB 999 can be implemented effectively.

Mississippi is on the right track, but now is not the time to sit back. Instead, the state must reinforce its commitment to the health and well-being of its young people and provide sexuality education instruction that prioritizes the real health needs of its students. By implementing the recommendations of this report and building upon the hard work and great progress HB 999 has brought to the state, the next generation of young people in Mississippi will be better prepared to live the lives they want and deserve. Our expectations for the future are high, because Mississippi's youth deserve nothing less.

[1] *2011 Mississippi YRBS Report*, Mississippi State Department of Health, accessed June 10, 2013, http://msdh.ms.gov/msdhsite/_static/resources/5283.pdf.
[2] *Youth Online: High School YRBS,* Centers for Disease Control and Prevention, accessed June 10, 2013, http://msdh.ms.gov/msdhsite/_static/resources/5283.pdf.
[3] Percentages and statistics in this report have been rounded to the nearest whole number.
[4] *Mississippi Adolescent Reproductive Health Facts.* Office of Adolescent Health, U.S. Department of Health and Human Services, accessed August 12, 2013, http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/states/ms.html.
[5] *2011 Mississippi YRBS Report*, Mississippi State Department of Health, accessed June 10, 2013, http://msdh.ms.gov/msdhsite/_static/resources/5283.pdf.
[6] Ibid.
[7] 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).
[8] *2011 Mississippi YRBS Report*, Mississippi State Department of Health, accessed June 10, 2013, http://msdh.ms.gov/msdhsite/_static/resources/5283.pdf.
[9] *2011 Sexually Transmitted Diseases Surveillance*, Centers for Disease Control and Prevention, accessed June 6, 2013, http://www.cdc.gov/std/stats11/Tables.htm.
[10] *HIV Disease 2012 Fact Sheet Mississippi*, Mississippi State Department of Health, accessed June 15, 2013, http://msdh.ms.gov/msdhsite/_static/resources/5070.pdf.
[11] Ibid.
[12] "Mississippi 's Plan to Eliminate Racial & Ethnic Health Care Disparities," Mississippi State Department of Health, Office of Minority Affairs and Disparities Steering Committee, Spring 2002, accessed October 15, 2013, http://bit.ly/19LjmKn.
[13] U.S. Census, State and County Quick Facts: Mississippi, accessed November 5, 2013, http://quickfacts.census.gov/qfd/states/28000.html.
[14] *Vital Statistics Reports 2011,* Mississippi State Department of Health, Table 18B, accessed June 10, 2013, http://msdh.ms.gov/phs/2011/Bulletin/vr2011.pdf.
[15] Ibid.
[16] *Mississippi Statistically Automated Health Resource System,* Mississippi State Department of Health, http://mstahrs.msdh.ms.gov/forms/pregtable.html.
[17] *Births: Final Data for 2011*, *National Vital Statistics Reports,* Center for Disease Control and Prevention, published June 28, 2013, Volume 62(1), accessed August 10, 2013, http://www.cdc.gov/nchs/data/nvsr/nvsr62_01.pdf#table02.
[18] *Trends in Teen Pregnancy and Childbearing.* Office of Adolescent Health, U.S. Department of Health and Human Services, accessed August 12, 2013, http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/trends.html.
[19] *Why it Matters: Teen Pregnancy, Poverty, and Income Disparity,* 2010, National Campaign to Prevent Teen Pregnancy, accessed June 15, 2013, http://www.thenationalcampaign.org/why-it-matters/pdf/poverty.pdf.
[20] *Morbidity and Mortality Weekly Report (MMWR), April 5, 2013, accessed June 6, 2013,* http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6213a4.htm?s_cid=mm6213a4_w#fig
[21] *Mississippi Public School Accountability Standards 2008,* Mississippi Department of Education, accessed October 16, 2013, http://bit.ly/1ctFUUo.
[22] *2006 Mississippi Comprehensive Health Framework*, Mississippi Department of Education, accessed July 9, 2009, http://www.healthyschoolsms.org/health_education/2006ComprehensiveHealthFramework.pdf.pdf.
[23] Ibid.
[24] *Mississippi School Health Policies*, Mississippi Office of Healthy Schools, accessed October 27, 2009, http://www.healthyschoolsms.org/ohs_main/resources/state_policies.htm.
[25] Miss. Code Ann. § 37-13-171(1)(d), http://michie.com/mississippi/lpExt.dll/mscode/9835/9e18/9eff/9f00?f=templates&fn=document-frame.htm&2.0#JD_37-13-171.
[26] Ibid.
[27] Ibid.
[28] Ibid.
[29] Ibid.
[30] "State Policies on Sex Education in Schools," National Conference of State Legislatures, April 26, 2013, accessed October 31, 2013, http://www.ncsl.org/issues-research/health/state-policies-on-sex-education-in-schools.aspx.
[31] Ibid.

[32] Ibid.
[33] Ibid.
[34] *Creating Healthy and Responsible Teens (CHART) 2012 Abstinence-Plus Education Policy*, Mississippi First, accessed July 2, 2013, http://www.mississippifirst.org/docman/downloaddocument/chartpolicy2012.
[35] *Pregnancy Prevention Intervention Implementation Report: Reducing the Risk,* U.S. Department of Health and Human Services, accessed July 2, 2013, http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/reducing_the_risk.pdf.
[36] *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections,* (Washington, DC: Advocates for Youth, 2008), accessed May 30, 2013, http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf.
[37] *Pregnancy Prevention Intervention Implementation Report: Draw the Line/Respect the Line,* U.S. Department of Health and Human Services, accessed July 2, 2013, http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/draw_the_line_respect_the_line.pdf.
[38] *Draw the Line/Respect the Line, Emerging Answers* (Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy, 2007), accessed July 1, 2013, http://www.thenationalcampaign.org/ea2007/desc/draw_pr.pdf.
[39] "More than half of Mississippi school districts choose abstinence-only sex education curriculum (with list)," The Associated Press, reposted on gulflive.com, July 29, 2012, accessed October 18, 2013, http://blog.gulflive.com/mississippi-press-news/2012/07/more_than_half_of_mississippi.html.
[40] County-by-County Map, 2011 Teen Health Data, Mississippi First, accessed November 14, 2013, http://mississippifirst.org/county-by-county-map.
[41] Jerome R. Kolbo et al., *2012 Implementation of Sex-Related Education Policy in Mississippi,* The Center for Mississippi Health Policy, December 2012, accessed October 24, 2013, http://www.mshealthpolicy.com/hb999-2012-implementation-study.
[42] Ibid.
[43] Ibid.
[44] Ibid.
[45] Crystal Harris. *2013 Teacher Response Survey,* Mississippi State Department of Health, Personal Responsibility Education Program.
[46] "State of the States," Gallup Politics, February 1, 2013, accessed November 1, 2013, http://www.gallup.com/poll/160196/alabama-north-dakota-wyoming-conservative-states.aspx.
[47] Miss. Code Ann. § 37-13-171(1).
[48] *2011 Mississippi YRBS Report*, Mississippi State Department of Health, accessed June 10, 2013, http://msdh.ms.gov/msdhsite/_static/resources/5283.pdf.
[49] Miss. Code Ann. § 97-29-59.
[50] Miss. Code Ann. § 37-13-171(1).
[51] Jerome R. Kolbo et al. *2012 Implementation of Sex-Related Education Policy in Mississippi,* The Center for Mississippi Health Policy, December 2012, accessed October 24, 2013, http://www.mshealthpolicy.com/hb999-2012-implementation-study.

Appendix A: Mississippi Public Health District Map



Mississippi State Department of Health Public Health District Map, http://www.msdh.state.ms.us/msdhsite/_static/19,0,340.html

Appendix B: Mississippi County Statistics

County	Birth Rate Ages 10-19 (per 1,000)	Birth Rate State Rank	Chlamydia Rate (per 100,000)	Chlamydia State Rank	Gonorrhea Rate (per 100,000)	Gonorrhea State Rank	School District	Program Choice	CHART
Adams	27.1	49	891.7	27	226	25	Natchez-Adams School District	Abstinence-only	No
Alcorn	34.4	25	313	75	59.4	76	Alcorn School District	Abstinence-only	No
							Corinth School District	Abstinence-only	No
Amite	39.2	11	327.5	72	76.2	69	Amite County School District	Abstinence-plus	No
Attala	18.1	70	771.8	35	107.3	63	Attala County School District	Abstinence-only	No
							Kosciusko School District	Abstinence-only	No
Benton	30.2	37	401	69	34.4	80	Benton School District	Abstinence-only	No
Bolivar	38.1	12	1224.2	11	275.3	13	Cleveland School District	Abstinence-plus	Yes
							Mound Bayou School District	Abstinence-plus	Yes
							North Bolivar School District	Abstinence-plus	Yes

County	Birth Rate Ages 10-19 (per 1,000)	Birth Rate State Rank	Chlamydia Rate (per 100,000)	Chlamydia State Rank	Gonorrhea Rate (per 100,000)	Gonorrhea State Rank	School District	Program Choice	CHART
							Shaw School District	Abstinence-plus	Yes
							West Bolivar School District	Abstinence-plus	Yes
							Benoit School District	Abstinence-only	No
Calhoun	29.8	39	534.7	58	200.5	32	Calhoun County School District	Abstinence-plus	Yes
Carroll	19.1	69	462.4	63	113.2	61	Carroll County School District	Abstinence-plus	No
Chickasaw	39.9	9	937.2	24	201.2	30	Chickasaw County School District	Abstinence-plus	No
							Houston School District	Abstinence-plus	Yes
							Okolona School District	Abstinence-only	No
Choctaw	12.4	79	526.5	59	152.1	50	Choctaw County School District	Abstinence-only	No
Claiborne	23.1	59	1353.6	6	239.5	21	Claiborne County School District	Abstinence-only	No
Clay	27.2	48	630	46	174.5	42	Clay County School District	Abstinence-only	No

County	Birth Rate Ages 10-19 (per 1,000)	Birth Rate State Rank	Chlamydia Rate (per 100,000)	Chlamydia State Rank	Gonorrhea Rate (per 100,000)	Gonorrhea State Rank	School District	Program Choice	CHART
							West Point School District	Abstinence-only	No
Coahoma	41.7	7	1655.8	2	355.6	5	Clarksdale Municipal School District	Abstinence-plus	Yes
							Coahoma Agricultural High School	Abstinence-plus	Yes
							Coahoma County School District	Abstinence-plus	Yes
Copiah	36.7	16	1018.7	17	244.5	18	Copiah County School District	Abstinence-only	No
							Hazlehurst City School District	Abstinence-only	No
Covington	31.6	31	695	43	224.9	26	Covington County School District	Abstinence-plus	Yes
DeSoto	15.6	75	499.8	61	109.1	62	DeSoto County School District	Abstinence-only	No
Enterprise	16.5	74	693.3	44	65.7	73	Enterprise School District	Abstinence-only	No
							Quitman School District (Clarke County)	Abstinence-only	No

County	Birth Rate Ages 10-19 (per 1,000)	Birth Rate State Rank	Chlamydia Rate (per 100,000)	Chlamydia State Rank	Gonorrhea Rate (per 100,000)	Gonorrhea State Rank	School District	Program Choice	CHART
Forrest	22.1	64	1035.6	16	343	6	Hattiesburg Public School District	Combination	No
							Forrest County AHS	Abstinence-only	No
							Forrest County Schools	Abstinence-only	No
							Petal Public School District	Abstinence-only	No
Franklin	22.9	61	579	53	160.1	49	Franklin County School District	Abstinence-only	No
George	39.3	10	274.6	78	57.6	78	George County School District	Abstinence-only	No
Greene	19.7	68	270.8	80	69.4	72	Greene County School District	Abstinence-only	No
Grenada	30.3	35	958.6	21	283	9	Grenada School District	Abstinence-only	No
Hancock	16.9	73	316.4	74	86.5	66	Bay St. Louis-Waveland School District	Abstinence-plus	No
							Hancock County School District	Abstinence-plus	No

County	Birth Rate Ages 10-19 (per 1,000)	Birth Rate State Rank	Chlamydia Rate (per 100,000)	Chlamydia State Rank	Gonorrhea Rate (per 100,000)	Gonorrhea State Rank	School District	Program Choice	CHART
Harrison	26.9	51	591.1	50	188.1	39	Biloxi Public School District	Abstinence-plus	No
							Harrison County School District	Abstinence-plus	No
							Gulfport School District	Abstinence-only	No
							Long Beach School District	Abstinence-only	No
							Pass Christian School District	Abstinence-only	No
Hinds	27	50	1199	12	455.4	3	Clinton Public School District	Abstinence-plus	No
							Mississippi School for the Deaf	Abstinence-plus	No
							Hinds County School District	Abstinence-plus	Yes
							Jackson Public Schools	Abstinence-plus	Yes
							Hinds County Agricultural High School	Abstinence-only	No

County	Birth Rate Ages 10-19 (per 1,000)	Birth Rate State Rank	Chlamydia Rate (per 100,000)	Chlamydia State Rank	Gonorrhea Rate (per 100,000)	Gonorrhea State Rank	School District	Program Choice	CHART
Holmes	35.1	22	1427.2	4	171.9	45	Durant Public School District	Abstinence-plus	Yes
							Holmes County School District	Abstinence-plus	Yes
Humphreys	41.8	6	1450.7	3	202.7	29	Humphreys County School District	Abstinence-plus	Yes
Issaquena/ Sharkey	71.4	1	782.4	34	426.7	4	South Delta School District	Abstinence-plus	No
Itawamba	29.1	41	517	60	81.2	68	Itawamba County School District	Abstinence-only	No
Jackson	22.3	62	420.3	67	118.1	59	Moss Point School District	Abstinence-plus	No
							Ocean Springs School District	Abstinence-plus	No
							Pascagoula School District	Abstinence-plus	No
							Jackson County School District	Abstinence-only	No
Jasper	31.8	30	908.5	25	175.8	41	East Jasper School District	Abstinence-plus	No
							West Jasper School District	Abstinence-plus	No

County	Birth Rate Ages 10-19 (per 1,000)	Birth Rate State Rank	Chlamydia Rate (per 100,000)	Chlamydia State Rank	Gonorrhea Rate (per 100,000)	Gonorrhea State Rank	School District	Program Choice	CHART
Jefferson	34.8	23	1397.9	5	220	27	Jefferson County School District	Abstinence-only	No
Jefferson Davis	30.2	37	1001	19	280.3	10	Jefferson Davis County School	Abstinence-plus	No
Jones	29.3	40	566.7	54	106.3	64	Laurel School District	Abstinence-plus	No
							Jones County School District	Abstinence-only	No
Kemper	11.3	82	851.2	28	162.6	48	Kemper County School District	Abstinence-plus	No
Lafayette	12.2	81	599.7	49	139.4	54	Lafayette County Schools	Abstinence-only	No
Lamar	14.2	76	195.8	82	62.9	74	Lumberton Public School District	Abstinence-plus	No
							Lamar County School District	Abstinence-only	No
Lauderdale	26.5	54	667.8	45	200.6	31	Lauderdale County Schools	Abstinence-plus	No
							Meridian Public School District	Abstinence-plus	No

County	Birth Rate Ages 10-19 (per 1,000)	Birth Rate State Rank	Chlamydia Rate (per 100,000)	Chlamydia State Rank	Gonorrhea Rate (per 100,000)	Gonorrhea State Rank	School District	Program Choice	CHART
Lawrence	27.8	46	696.1	42	100.5	65	Lawrence County School District	Abstinence-only	No
Layfayette	12.2	81	599.7	49	139.4	54	Oxford School District	Abstinence-plus	Yes
Leake	28.5	43	768.7	38	197.4	35	Leake County School District	Abstinence-plus	No
Lee	29.1	41	817.8	31	189.4	37	Lee County Schools	Abstinence-only	No
							Nettleton School District	Abstinence-only	No
							Tupelo Public School District	Abstinence-only	No
Leflore	35.7	19	1321.3	9	535.3	2	Greenwood Public School District	Abstinence-plus	No
							Leflore County School District	Abstinence-plus	Yes
Lincoln	22.3	62	602.3	48	120.5	58	Mississippi School of the Arts	Abstinence-plus	No
							Brookhaven School District	Abstinence-only	No
							Lincoln County School District	Abstinence-only	No

County	Birth Rate Ages 10-19 (per 1,000)	Birth Rate State Rank	Chlamydia Rate (per 100,000)	Chlamydia State Rank	Gonorrhea Rate (per 100,000)	Gonorrhea State Rank	School District	Program Choice	CHART
Lowndes	26	58	727.7	40	185.7	40	Mississippi School for Mathematics & Science	Abstinence-plus	No
							Columbus Municipal School District	Abstinence-plus	Yes
							Lowndes County School District	Abstinence-only	No
Madison	12.4	79	554.6	57	141.8	53	Canton Public School District	Abstinence-plus	No
							Madison County School District	Abstinence-only	No
Marion	28.5	43	579.6	52	210.4	28	Columbia School District	Abstinence-only	No
							Marion County School District	Abstinence-only	No
Marshall	28.5	43	831.9	29	253.1	16	Holly Springs School District	Abstinence-plus	No
							Marshall County School District	Abstinence-only	No
Monroe	26	56	556.9	56	75.7	70	Aberdeen School District	Abstinence-plus	No

County	Birth Rate Ages 10-19 (per 1,000)	Birth Rate State Rank	Chlamydia Rate (per 100,000)	Chlamydia State Rank	Gonorrhea Rate (per 100,000)	Gonorrhea State Rank	School District	Program Choice	CHART
							Amory School District	Abstinence-only	No
							Monroe County School District	Abstinence-only	No
Montgomery	12.7	78	787.2	33	164.8	47	Montgomery County School District	Abstinence-only	No
							Winona School District	Abstinence-only	No
Neshoba	36.1	18	1000.8	20	195.4	36	Neshoba County School District	Abstinence-only	No
							Philadelphia Public School District	Abstinence-only	No
							Union Public School District	Abstinence-only	No
Newton	33	28	768.9	37	188.8	38	Newton Municipal School District	Abstinence-plus	No
							Newton County Schools	Abstinence-only	No
Noxubee	27.7	47	1074.1	15	277.2	12	Noxubee County School District	Abstinence-only	No

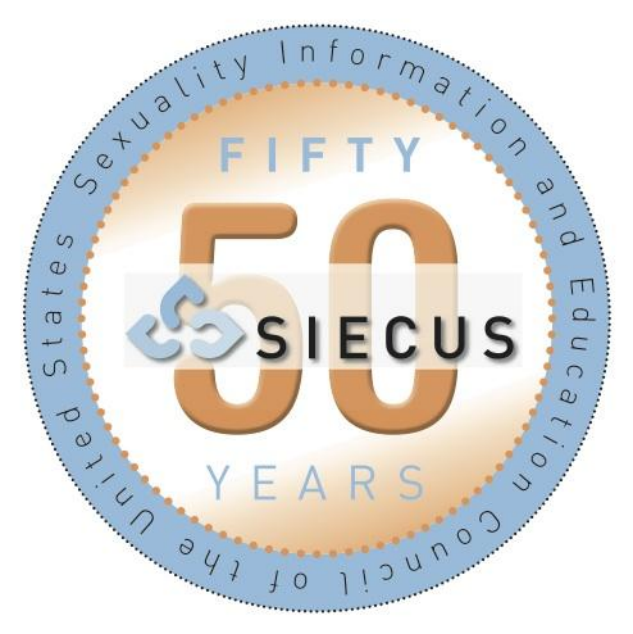
County	Birth Rate Ages 10-19 (per 1,000)	Birth Rate State Rank	Chlamydia Rate (per 100,000)	Chlamydia State Rank	Gonorrhea Rate (per 100,000)	Gonorrhea State Rank	School District	Program Choice	CHART
Oktibbeha	12.8	77	826.5	30	199.3	34	Oktibbeha County School District	Combination	No
							Starkville School District	Abstinence-plus	No
Panola	37	15	950.8	22	236.3	22	South Panola School District	Combination	No
							North Panola School District	Abstinence-plus	Yes
Pearl River	26.2	55	274	79	73.4	71	Pearl River County School District	Abstinence-plus	No
							Picayune School District	Abstinence-only	No
							Poplarville School District	Abstinence-only	No
Perry	31	32	367.3	71	114.3	60	Richton School District	Abstinence-plus	No
							Perry County Schools	Abstinence-only	No
Pike	34.6	24	700.4	41	232.7	23	McComb School District	Abstinence-plus	No
							North Pike School District	Abstinence-only	No

County	Birth Rate Ages 10-19 (per 1,000)	Birth Rate State Rank	Chlamydia Rate (per 100,000)	Chlamydia State Rank	Gonorrhea Rate (per 100,000)	Gonorrhea State Rank	School District	Program Choice	CHART
							South Pike School District	Abstinence-only	No
Pontotoc	30.6	34	320.5	73	36.7	79	Pontotoc City Schools	Abstinence-only	No
							Pontotoc County Schools	Abstinence-only	No
Prentiss	30.3	35	300.7	77	59.3	77	Baldwin Public School	Abstinence-only	No
							Booneville School District	Abstinence-only	No
							Prentiss County School District	Abstinence-only	No
Quitman	43.1	5	1349.9	7	328.3	7	Quitman County School District	Abstinence-plus	Yes
Rankin	17.9	71	306.5	76	62.1	75	Pearl Public School District	Abstinence-only	No
							Rankin County School District	Abstinence-only	No
Scott	35.4	20	1008.3	18	244.1	19	Forest Municipal Schools	Abstinence-plus	Yes
							Scott County School District	Abstinence-only	No

County	Birth Rate Ages 10-19 (per 1,000)	Birth Rate State Rank	Chlamydia Rate (per 100,000)	Chlamydia State Rank	Gonorrhea Rate (per 100,000)	Gonorrhea State Rank	School District	Program Choice	CHART
Simpson	37.1	14	536.6	55	200	33	Simpson County School District	Abstinence-plus	No
Smith	33.1	27	406.3	68	133.4	55	Smith County School District	Abstinence-plus	No
Stone	20.6	66	489.1	62	168.7	46	Stone County School District	Abstinence-plus	No
Sunflower	35.4	20	1191.9	13	241.1	20	Drew School District	Abstinence-plus	Yes
							Sunflower County School District	Abstinence-plus	Yes
							Indianola School District	Abstinence-plus	Yes
Tallahatchie	32.6	29	1287.6	10	279.6	11	East Tallahatchie School District	Abstinence-plus	Yes
							West Tallahatchie School District	Abstinence-plus	Yes
Tate	19.9	67	733.9	39	173.1	44	Senatobia Municipal School District	Abstinence-only	No
							Tate County Schools	Abstinence-only	No
Tippah	25.9	57	427.3	66	31.5	81	North Tippah School District	Abstinence-only	No

County	Birth Rate Ages 10-19 (per 1,000)	Birth Rate State Rank	Chlamydia Rate (per 100,000)	Chlamydia State Rank	Gonorrhea Rate (per 100,000)	Gonorrhea State Rank	School District	Program Choice	CHART
							South Tippah School District	Abstinence-only	No
Tishomingo	26.7	53	214.4	81	15.3	82	Tishomingo County Schools	Abstinence-only	No
Tunica	46	2	1772.1	1	259.8	15	Tunica County School District	Abstinence-plus	Yes
Union	22.1	64	457	64	125.3	57	New Albany School District	Abstinence-only	No
							Union County School District	Abstinence-only	No
Walthall	26.9	52	375.6	70	84.2	67	Walthall County School District	Abstinence-only	No
Warren	30.9	33	768.9	36	231.7	24	Vicksburg-Warren School District	Abstinence-plus	No
Washington	37.6	13	1323.9	8	551.5	1	Greenville Public School District	Abstinence-plus	Yes
							Leland School District	Abstinence-plus	Yes
							Western Line School District	Abstinence-plus	Yes
							Hollandale School District	Abstinence-only	No

County	Birth Rate Ages 10-19 (per 1,000)	Birth Rate State Rank	Chlamydia Rate (per 100,000)	Chlamydia State Rank	Gonorrhea Rate (per 100,000)	Gonorrhea State Rank	School District	Program Choice	CHART
Wayne	40.6	8	602.5	47	130.1	56	Wayne County School District	Abstinence-only	No
Webster	17	72	429.1	65	146.3	52	Webster County School District	Abstinence-only	No
Wilkinson	36.4	17	587.2	51	151.9	51	Wilkinson County School District	Abstinence-only	No
Winston	23.1	59	895.9	26	244.8	17	Louisville Municipal School District	Abstinence-only	No
Yalobusha	33.2	26	788.8	32	173.5	43	Water Valley School District	Abstinence-plus	Yes
							Coffeeville School District	Abstinence-plus	Yes
Yazoo	44.6	4	944.2	23	270.8	14	Yazoo City Municipal School District	Abstinence-plus	Yes
							Yazoo County School District	Abstinence-only	No



www.siecus.org