

State Profiles

Mississippi State Profile



Mississippi's State of Sex Ed

Mississippi schools **are** required to teach abstinence instruction.

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Sex Ed Requirement



Sex Ed Content



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Current Requirement

- Curriculum must stress abstinence through “abstinence-only” or “abstinence-plus” instruction.
- Curriculum must inform students of current state law related to homosexual activity. While Mississippi Code Annotated § 97-29-59 outlaws sodomy, the United States Supreme Court handed down a decision in *Lawrence v. Texas* that declared state laws criminalizing homosexual behavior to be unconstitutional in 2003.
- Curriculum is not required to include instruction on consent.
- Parents or guardians must receive notification at least one week prior to the provision of any human sexuality instruction. Schools must receive written permission from a parent or guardian before a student can participate in a sex education course. This is referred to as an “opt-in” policy.
- Mississippi has no regulation regarding medically accurate instruction.

RECENT LEGISLATION SHAPING THE STATE LANDSCAPE

Sex education advocates have endured a prolonged struggle to advance sex education requirements in Mississippi. In addition to this, there are a high number of aggressive legislative attacks on sexual and reproductive rights as this state has a history of trying to pass harmful legislation regarding treatment of LGBTQIA+ individuals, bans on abortion, and limitations on basic human rights.

While there is an overwhelming number of bills filed in Mississippi that seek to limit and harm some groups of people, there have been attempts to pass

proactive and positive legislation as well. In 2022 Representative Omeria Scott (D-80) introduced [House Bill 280](#) to require schools to develop Comprehensive School Health Education programs in grades K-12. These programs were to be taught by the school nurse and cover various topics in health education. These topics would have followed [Mississippi Sex-Related Education](#) policies, emphasizing abstinence education in the curriculum. Additionally, House [Bill 356](#), introduced in 2022 by Representative John W. Hines (D-50), aimed to require school districts to educate students on dating violence and healthy relationships. The legislation also would have required school districts to develop a policy on dating violence. House Bill 277, House Bill 280, and House Bill 356 all died in committee.

Lawmakers first approved legislation mandating that schools teach either “abstinence-only” or “abstinence-plus” instruction in public schools in 2011. Advocates report that a majority of schools opt to teach “abstinence-only” education, and of the 11 approved curriculums, Choosing the Best (an abstinence centered, [sexual risk avoidance](#) based program) is most often utilized.

Local control over school curriculum presents unique challenges that have resulted in a glaring disparity regarding the quality of sex education that students receive. Such discretion allows for the implementation of policies and curriculum that stigmatize marginalized youth, such as students of color and LGBTQAI+ youth, and presents further challenges in ensuring that low income districts have access to the resources needed to implement medically accurate and evidence-based sex education. Organizations such as Teen Health Mississippi have implemented programs to empower youth to make informed decisions about their sexual health. Such programs work within the state’s restrictive requirements to ensure students receive optimal instruction.

In Mississippi, Black youth in particular face racist, systematic barriers to health care and education that result in disproportionate adverse health outcomes. Disparities in health outcomes for young people are [significantly concentrated](#) among Black youth in Mississippi, making up 83.8 percent of new HIV diagnoses among young people 13-24 in 2019. Further, [49.4 percent](#) of HIV diagnoses in Mississippi, as of 2020, were among Black men who have had sex with men, putting LGBTQAI+ youth of color at a significant risk for adverse health outcomes. Such glaring discrepancies among racial and sexual minorities in Mississippi demonstrate the urgent need for a culturally responsive sex education curriculum that’s available to students across the state.

Resistant state legislators, local school boards, limited coalition partners, and insufficient curriculum options are among the biggest barriers to advancing sex education for Mississippi's youth. Right now, advocates can take action to ensure young people in their community have access to quality sex education. While state-wide requirements regarding sex education will not be considered until the 2021 reauthorization, advocates can contact their local school board to determine what topics are missing from sex education instruction, such as instruction on consent, sexual orientation and gender identity, and contraceptives.

Advocates can work with local organizations such as Teen Health Mississippi to ensure students receive instruction that is culturally responsive, medically accurate, and evidence-based. Advocates can also work to raise community awareness about specific topics included in sex education that are missing from local curriculum. Advocates may also spread awareness in their communities about the need to update the Mississippi requirements to allow for an “opt-out” option as opposed to the current “opt-in” requirement, which presents an unnecessary barrier to receiving sex education. Further, advocates can contact their representatives to discuss the critical need for advancing sex education requirements. Advocates are also encouraged to take action on pending legislation that seeks to advance or restrict the principles of sex education. For a current overview of pending legislation, see table below. Advocates are encouraged to use the SIECUS [Community Action Toolkit](#) to guide local efforts to advance sex education and to reach out to [EducateUs](#) to get connected to local advocacy groups..

[More on sex ed in Mississippi..](#)

State Law: A Closer Look

[Section 37-13-171](#) of the Mississippi Code of 1972 requires each school district to adopt either an “abstinence-only” or an “abstinence-plus” education policy. Under the law, both “abstinence-only” and “abstinence-plus” instruction must include “abstinence-only education.” Such instruction must teach:

- the social, psychological, and health gains to be realized by abstaining from sexual activity, and the likely negative psychological and physical effects of not abstaining.
- the harmful consequences to the child, the child's parents, and society that bearing children out of wedlock is likely to produce, including the health, educational, financial, and other difficulties the child and his or her parents are likely to face, as well as the inappropriate social and economic burden placed on others.
- that unwanted sexual advances are irresponsible; 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 (STDs), and related health problems.
- the current state law related to sexual conduct, including forcible rape, statutory rape, paternity establishment, child support, and homosexual activity.
- that a mutually faithful, monogamous marriage is the only appropriate setting for sexual intercourse.

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

Parents or guardians must receive notification at least one week prior to the provision of any human sexuality instruction, and they “have the right to request

the inclusion of their child” in sex education instruction. This is referred to as an “opt-in” policy.

State Standards

Mississippi’s *Contemporary Health Curriculum* (K–8) and (9–12) provide standards for health education programs in the state. The standards include “essential questions,” such as, “how does abstinence from sexual activity show that you are responsible?” However, the standards also recommend discussing STDs and contraception alongside abstinence.

State Legislation

State legislative activity related to sex education does not take place in isolation from the broader embroiled political and policy climate. In 2022, a national wave of attacks on the rights of lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQAI+) individuals, attempts to restrict or prohibit instruction on “divisive concepts” such as “Critical Race Theory” (which is not taught in public schools), and efforts to limit access to abortion care and other reproductive healthcare services swept the country in an effort to prevent students from receiving sex education and accessing sexual and reproductive healthcare services. Below are highlights of current legislative activity related to these topics. **Mississippi’s 2024 annual session convenes on January 2, 2024.**

Youth Sexual Health Data

Young people are more than their health behaviors and outcomes. While data can be a powerful tool to demonstrate the sex education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that affect an individual’s sexual health and well-being. To learn more about Mississippi’s Youth Risk Behavior Survey (YRBS) results, [click here](#). At the time of publication, the 2021 YRBS data was not made available yet.

Mississippi School Health Profiles Data

In 2022, the Centers for Disease Control and Prevention (CDC) released the School Health Profiles, which measure school health policies and practices and highlight which health topics were taught in schools across the country. Since the data were collected from self-administered questionnaires completed by schools' principals and lead health education teachers, the CDC notes that one limitation of the School Health Profiles is bias toward the reporting of more positive policies and practices. In the School Health Profiles, the CDC identifies 22 sexual health education topics as critical for ensuring a young person's sexual health. Below are key instruction highlights for secondary schools in Mississippi as reported for the 2019–2020 school year.

Reported teaching all 22 critical sexual health education topics

- 18.7% of Mississippi secondary schools taught students all 22 critical sexual health education topics in a required course in any of grades 6, 7, or 8.
- 35.5% of Mississippi secondary schools taught students all 22 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12..

Reported teaching about the benefits of being sexually abstinent

- 57.4% of Mississippi secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.
- 89.1% of Mississippi secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy

- 55.3% of Mississippi secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 6, 7, or 8.
- 87.1% of Mississippi secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to create and sustain healthy and respectful relationships

- 57.3% of Mississippi secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of

grades 6, 7, or 8.

- 85.8% of Mississippi secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about preventive care that is necessary to maintain reproductive and sexual health

- 45.1% of Mississippi secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 6, 7, or 8.
- 75.3% of Mississippi secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to correctly use a condom

- 22.9% of Mississippi secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.
- 41.6% of Mississippi secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about methods of contraception other than condoms

- 41.0% of Mississippi secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 6, 7, or 8.
- 61.3% of Mississippi secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about sexual orientation and gender identity

- 30.5% of Mississippi secondary schools taught students about sexual orientation and gender identity in a required course in any of grades 6, 7, or 8.
- 50.2% of Mississippi secondary schools taught students about sexual orientation and gender identity in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about how gender roles and stereotypes affect goals, decision-making, and relationships

- 36.3% of Mississippi secondary schools taught students about gender roles and stereotypes in a required course in any of grades 6, 7, or 8.
- 68.6% of Mississippi secondary schools taught students about gender roles and stereotypes in a required course in any of grades 9, 10, 11, or 12.

Reported providing curricula or supplementary materials relevant to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth

- 30.3% of Mississippi secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.

Visit the CDC's *School Health Profiles* report for additional information on school health policies and practices.

The quality of sex education taught often reflects funding available for sex education programs. To learn more about federal funding streams, [click here](#).

