



Mississippi State of Sex Ed

Sex education is required, but it is opt-in and must use abstinence-only or abstinence-plus curriculum; contains stigmatizing language about "homosexual activity" and no curriculum can teach that abortion can be used to prevent the birth of a baby.



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Current Requirement

- Mississippi schools are required to provide sex education
 - 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.
- Mississippi has no regulation regarding medically accurate instruction.
- 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.](#)

RECENT LEGISLATION SHAPING THE STATE LANDSCAPE

Sex education advocates have endured a prolonged struggle to advance sex education requirements in Mississippi. Beginning with the passage of [House Bill 999](#) in 2011, all school districts must teach sex education and must choose between an “abstinence only” or “abstinence plus” policy. This legislation also required that sex education must be opt-in, separated by gender, and cannot have physical demonstrations about contraception, including condoms. Due to a repealer in the bill, the requirements of this legislation were set to expire on July 1, 2016. Unfortunately, in 2016 [House Bill 494](#) extended the law till 2021; then in 2021 it was reauthorized again. In 2023, through the passage of [HB 1390](#) the repealer clause was eliminated and codified “abstinence only”, “abstinence plus” or a new option- Sexual Risk Avoidance Education- as the only options for sex education implementation in Mississippi public schools. This, in combination with numerous aggressive legislative attacks on sexual and reproductive rights, a history of trying to pass harmful legislation regarding the treatment of LGBTQIA+ individuals, and bans on abortion creates a hostile and obstructive policy landscape for lawmakers and advocates working to advance comprehensive sex education.

Proactive attempts to pass progressive policies for sex education have been spearheaded by Representative Omeria Scott, who has introduced legislation in [2022](#), [2023](#), [2024](#), and [2025](#) that would 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 and emphasized abstinence in the curriculum, yet all attempts have failed. Additionally, in 2022, House [Bill 356](#), was introduced and aimed to require school districts to educate students on dating violence and healthy relationships and require districts to develop a policy on dating violence, but it failed to pass. Similar attempts were made in 2023 with the introduction of [HB 167](#), 2024 with [HB 252](#), and in 2025 with [HB 456](#), but all were killed in committee. Similar attempts to pass legislation that would allow mental health screenings in school and mandate mental health education were tried in [2022](#), [2023](#), [2024](#), and [2025](#) with no success. Even the small victory won in 2023 through [HB 1264](#) which authorized schools to provide free menstrual products in bathrooms and nurses offices has failed to be expanded even with attempts to improve this program in [2025](#). It is difficult to understand why some lawmakers in Mississippi are uninterested in

passing policies that attempt to improve young people's physical and mental health despite ongoing attempts to do more.

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 LGBTQIA+ 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.

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. Advocates can work to raise community awareness about specific topics included in sex education that are missing from the 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. **Mississippi's 2025-2026 legislative session convened January 7th, 2025, and adjourned April 3rd, 2025.**

Further, advocates can contact their representatives to discuss the critical need for a statewide sex education mandate. Advocates are encouraged to use the [SIECUS Community Action Toolkit](#) to guide local efforts to advance sex education. For more information on getting involved in local and state advocacy for sex education, reach out to our State Policy Action Manager, Miranda Estes (mestes@siecus.org)

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. Additionally, curricular standards are not mandatory and local districts may pick their own curriculum as long as its abstinence-only or abstinence plus.

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. In recent years, there has been an increase in legislative attacks on the implementation of CDC’s Youth Risk Behavior Survey (YRBS) which [tracks six categories of health risk behaviors](#) including sexual health behaviors. **To learn more about Mississippi’s 2023 YRBS results, [click here](#).**

Mississippi School Health Profiles Data

In 2024, the Centers for Disease Control and Prevention (CDC) released the 2022 [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. **To view Mississippi’s results from the 2022 School Health Profiles Survey, visit CDC’s [School Health Profiles Explorer](#) tool.**

Visit the CDC's [*School Health Profiles*](#) 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](#).