

# Sex Education in Mississippi: A Preliminary Look at the Early Impacts of HB999

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Prepared for presentation at the “Advancing Mississippi:  
Research for a Better Mississippi for More Mississippians” Conference  
Sponsor: University Research Center

# MS HB999

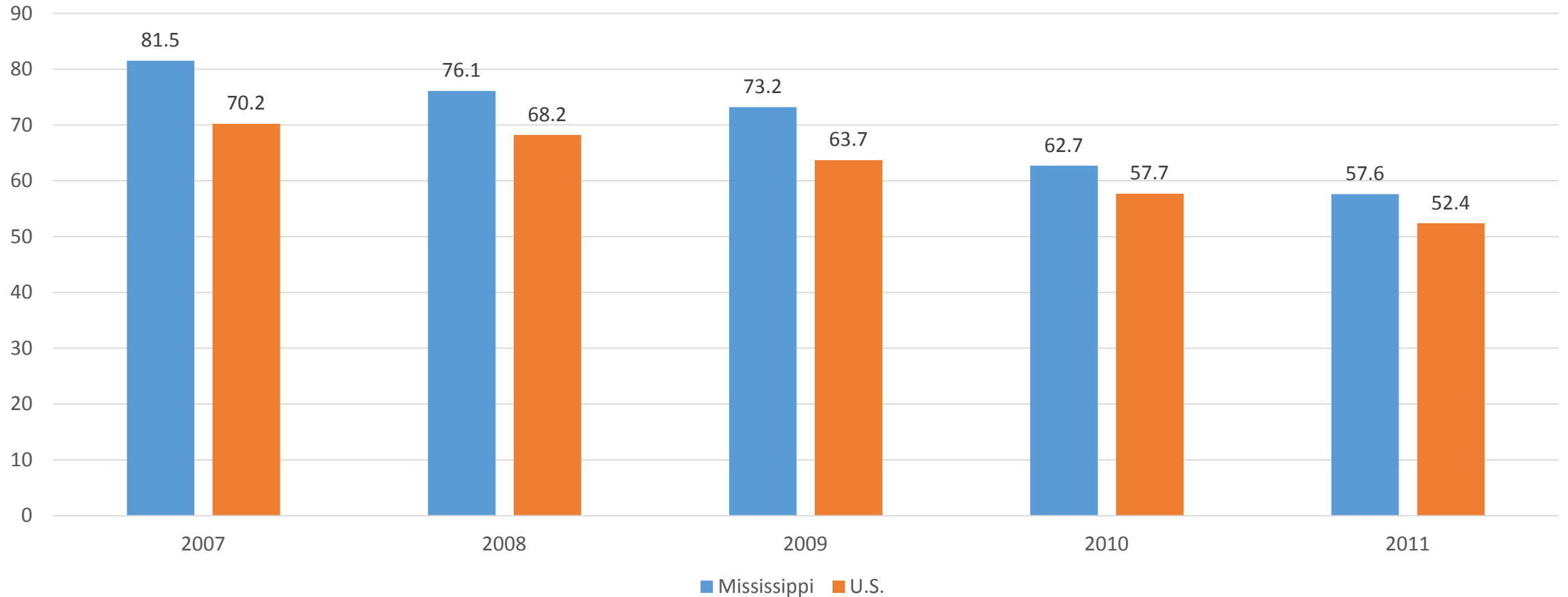
- Passed in 2011 and first implemented in the 2011-12 school year
- For the first time: school districts required to adopt a sex education policy with a MS Dept. of Ed approved curriculum
  - Abstinence Only
  - Abstinence Plus

# Teen Pregnancy and Sexual Health in MS and the Advent of HB999

- Prior to implementation of HB999 (June 2012), Mississippi ranked:
  - #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 (all ages)
  - #2 in the country for rate of chlamydia infections (all ages)
  - #7 in the country for rate of syphilis infections (all ages)
  - #7 in the country for rate of HIV infections (all ages)

Source: Sexuality Education in Mississippi: Progress in the Magnolia State. Mississippi First

# Figure 1: Teen Pregnancy Rates (per 1000, age 15-19)



Source: Guttmacher Institute; MS Department of Health

# Abstinence Only, Abstinence Plus, and Abstinence Plus – CHART

- Abstinence Only
  - May teach some or all (and cannot contradict any) of the following :
    - Abstaining from sexual activity has positive social, psychological, and health impact
    - Likelihood of negative psychological and physical effects from sexual activity
    - Negative consequences of bearing a child out of wedlock (e.g.: health, educational, financial)
    - Alcohol and drug use increase vulnerability to sexual advances, including unwanted sexual advances
    - The only certain way to avoid unwanted pregnancy or sexually transmitted diseases is abstinence
    - Current state laws regarding sexual conduct (rape, statutory rape, paternity, child support, homosexual activity)
    - The only appropriate setting for sexual intercourse is within the context of a faithful, monogamous marriage

# Abstinence Only, **Abstinence Plus**, and Abstinence Plus – CHART

- Abstinence Plus
  - Must include all of the above components
  - Can examine the causes and effects of HIV/AIDS and other sexually transmitted diseases
  - Can also discuss contraceptive use
    - Condom demonstrations are prohibited

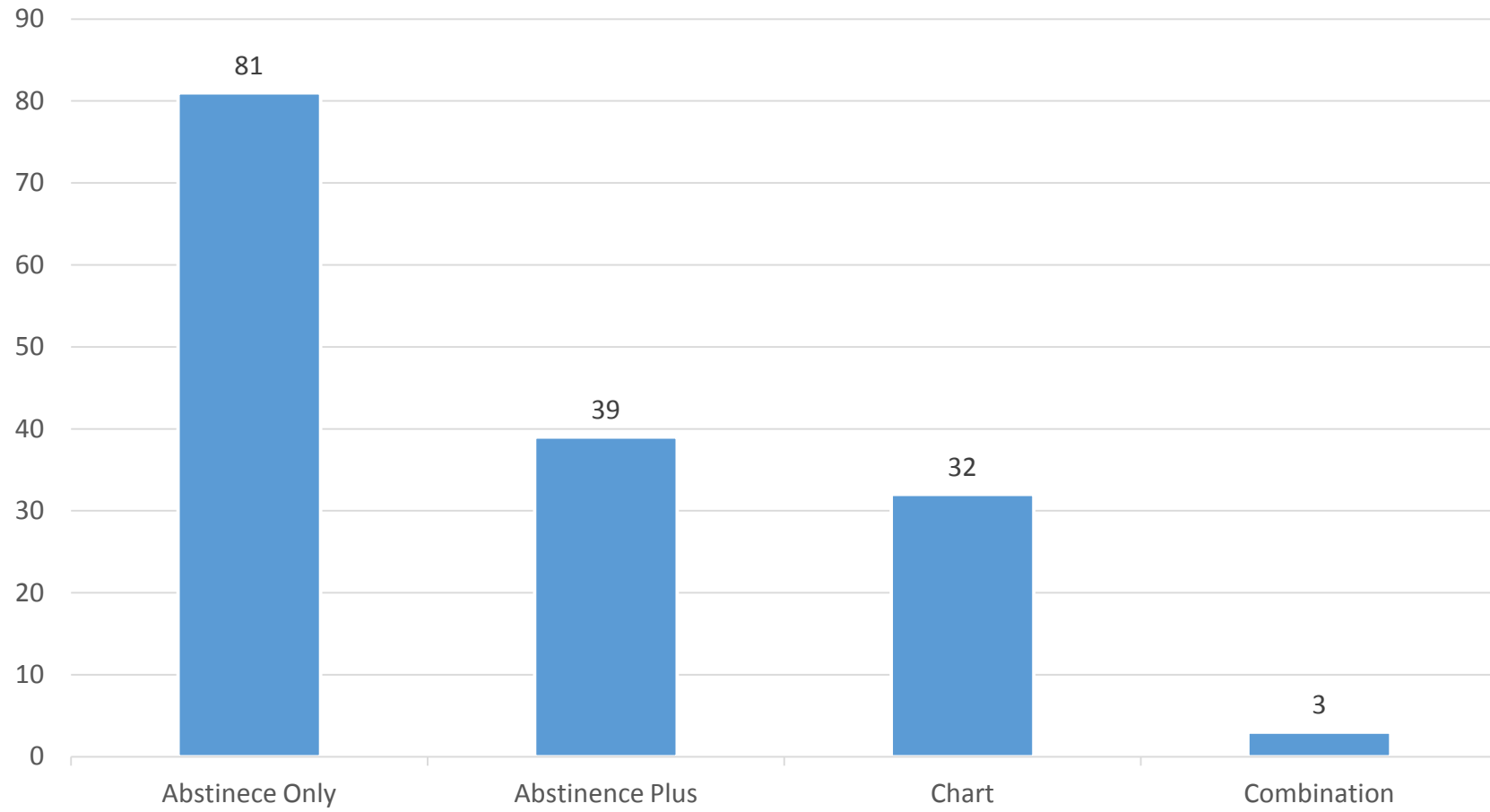
Source: Sexuality Education in Mississippi: Progress in the Magnolia State. Mississippi First

Source: “State Policies on Sex Education in Schools,” National Conference on State Legislatures

# Abstinence Only, Abstinence Plus, and **Abstinence Plus - CHART**

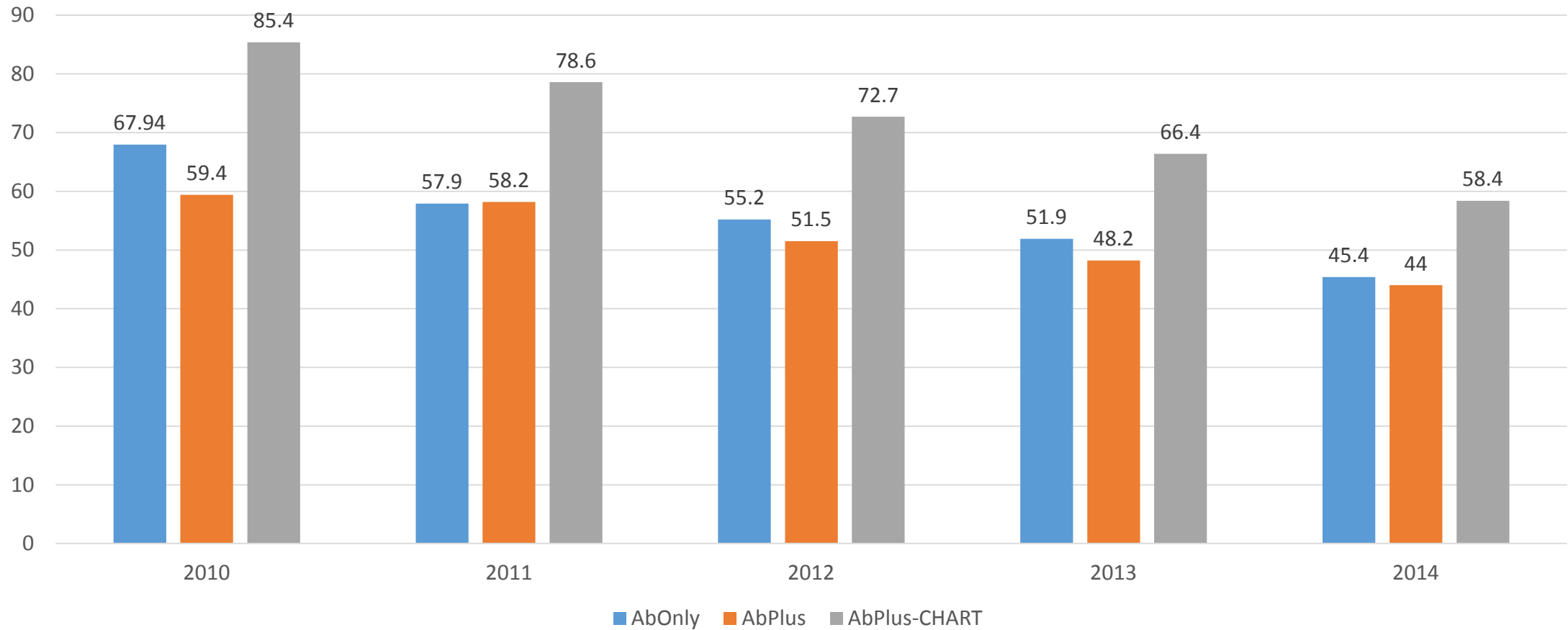
- Abstinence Plus-CHART (Creating Healthy and Responsible Teens)
  - Initiative created by Mississippi First and the MS Dept. of Health
  - **Programs recommended by the MS Dept. of Health**
- Evidence-based programs
  - Medically accurate
  - Age appropriate
- Must discuss abstinence and contraception
  - And place substantial emphasis on both
    - Strategies for abstaining from sex
    - Contraception use
    - Establishing and maintaining boundaries for sexual behavior and sexual pressure
- Target districts with historically higher teen pregnancy and STD rates

## Figure 2: Distribution of Sex Education Programs





# Figure 3: Pregnancy Rates, by Program Type, 2010-14 (per 1000, age 15-19)



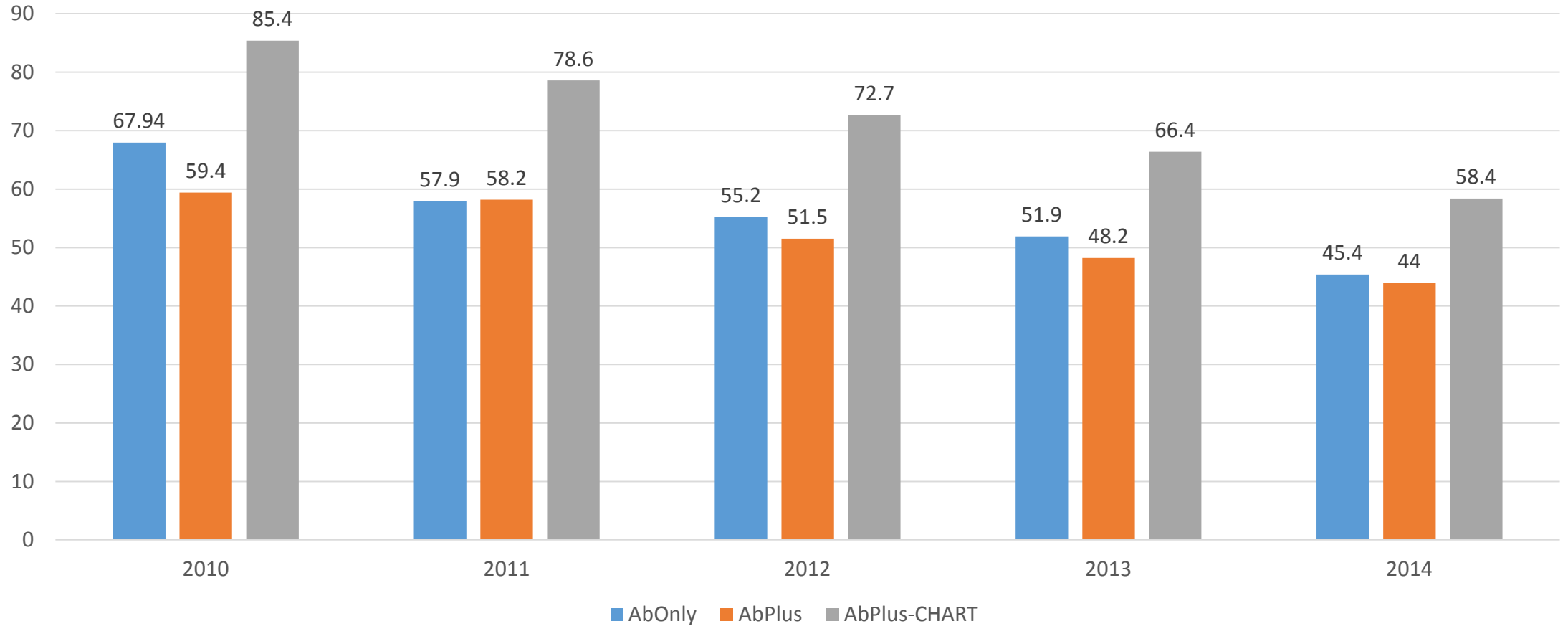
# Evaluating of HB999: Challenges

- Only two years of post-implementation data
- No mechanism to ensure that districts using Abstinence Plus programs are actually teaching about contraception
  - Particularly a challenge with the most commonly used program: Choosing the Best
    - Used by (63% of districts)
      - Some use it under abstinence only
      - Some use it under abstinence plus
  - CHART-designated programs are an exception
    - Emphasis on evidence-based, abstinence plus curriculum with strong component on contraception

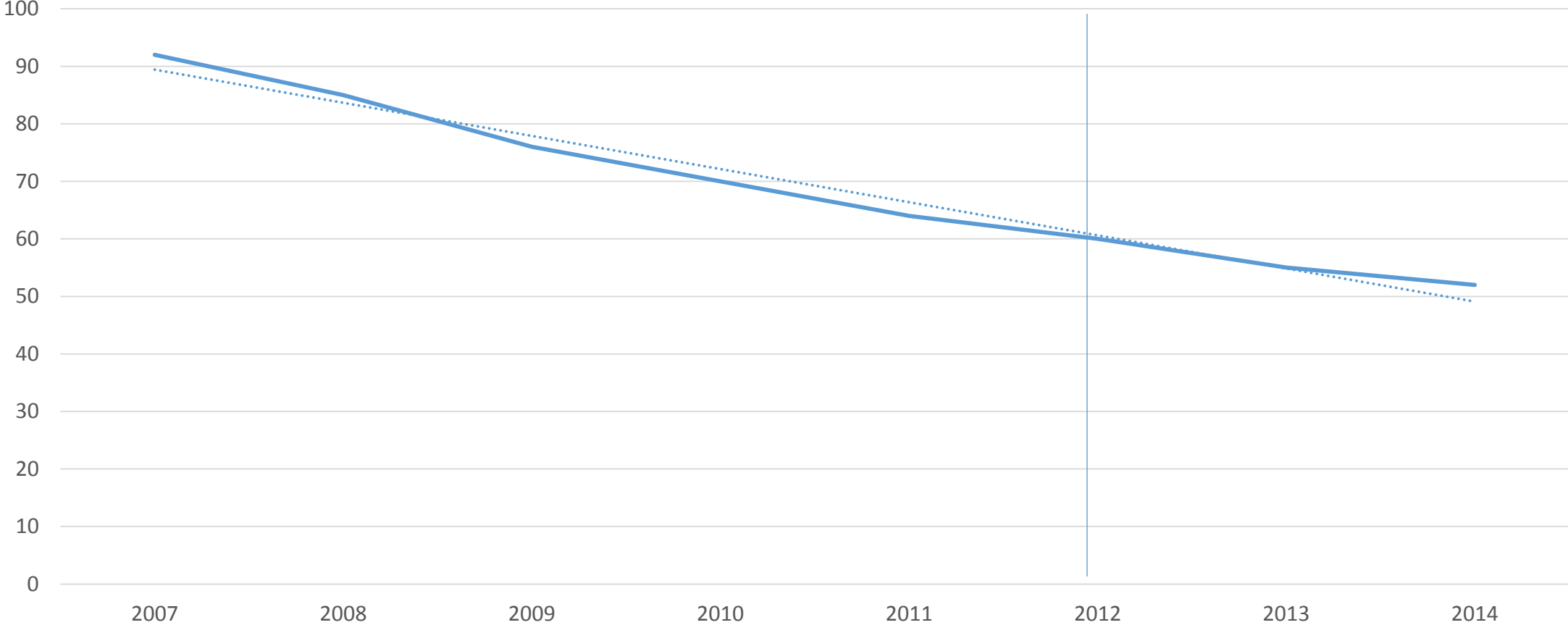
# Evaluating of HB999: Challenges

- Data on “opt in” rates not available
  - Possible that the percentage of students exposed to the program may vary across districts and counties
- Variation in number of districts within counties
  - Some districts adopting different policies
- Proper attribution of HB999 impacts
  - Separating potential HB999 impacts from the broader overall trend of decreasing teen pregnancy

# Figure 3: Pregnancy Rates, by Program Type, 2010-14



# Figure 4: Analysis Challenge: Intervention Within a Trend



# Preliminary Evaluation of HB999: Our Approach

- Pooled Cross-Sectional (Panel) Data
  - Counties/school districts over a five year period, 2010-2014
    - Allows us to control for omitted variables, both across counties/districts and over time
  - Specific controls for the underlying trend toward lower pregnancy rates
  - Drop districts that have “split” programs
  - Interaction terms to isolate the impact of AbOnly, AbPlus, and CHART implementation

**Preliminary Impacts of HB999 on County Pregnancy Rates: AbOnly, AbPlus,  
and CHART Program Comparisons (2010-2014)**

Variable	Coefficient (Standard Error)	Significance (Z test)
Control Variables		
<b>Poverty Rate</b>	<b>.6305 (.1321)</b>	<b>4.77</b>
<b>Time</b>	<b>-4.958 (.5556)</b>	<b>-8.92</b>
PostSlope	-.9806 (1.244)	-0.79
Intervention Variables		
AbPlus (relative level)	-3.00 (2.51)	-1.19
<b>CHART (relative level)</b>	<b>14.13 (2.81)</b>	<b>5.04</b>
Baseline: AbOnly	3.38 (2.01)	-1.19
AbPlus Intervention	.4176 (1.78)	0.23
<b>CHART Intervention</b>	<b>-5.96 (1.82)</b>	<b>-3.28</b>
Constant	54.54 (3.55)	15.35
R-Square (variance explained): .3841		