

ISSUE BRIEF IMPLEMENTING SEX-RELATED EDUCATION IN MISSISSIPPI

Survey of Principals

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In 2011, the Legislature enacted a law (§37-13-171) that required local school boards to adopt an abstinence-only or abstinence-plus policy for sex-related education by June 30, 2012, and to implement instruction by the 2012-2013 school year. The Center for Mississippi Health Policy commissioned researchers from the University of Southern Mississippi (USM) to assess the implementation process. USM surveyed middle and high school principals to gather the information which is summarized in this Issue Brief. The full report containing details on the methodology and results of the study can be found on the Center's web site at www.mshealthpolicy.com.

State law required each school district to report to the State Department of Education which policy the district adopted. According to the State Department of Education, the districts adopted policies as follows:

- 81 adopted abstinence-only
- 71 adopted abstinence-plus
- 3 districts chose abstinence-only for lower grades and abstinence-plus for higher grades (Note: These figures apply to school districts, not to individual schools.)

Approximately 75 percent of the representative sample of middle and high schools from across the state participated in the survey.

A little more than half (52%) of school principals reported their school was implementing an abstinence-only policy, and another third (34%) said they were implementing an abstinence-plus policy. Two percent of principals reported adopting the program developed by the Department of Human Services specified in the law, and 12 percent reported that they were not implementing any policy. Some in this latter group indicated that another school in their district was implementing sex-related education, but their school was not. It should be noted that the law required the policy adoption at the district level not at the school level.

Principals were also asked what their school would be doing in regard to sex-related education if the law had not been passed. The most common response was "nothing." Almost a third of schools reported that they would have implemented an abstinence-only curriculum, 14 percent said abstinence-plus, and 19 percent reported "other."

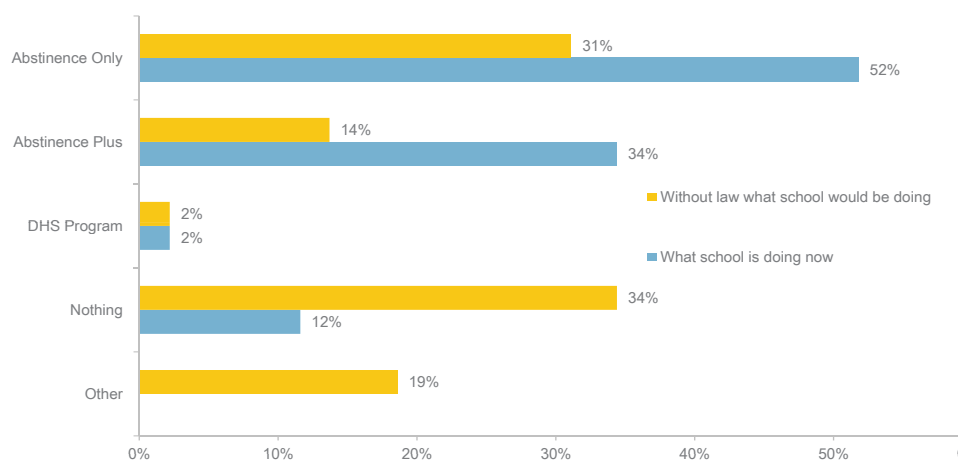
TYPE OF POLICY ADOPTED BY GRADE LEVEL

	AB ONLY	AB PLUS	DHS	NONE
MIDDLE SCHOOLS	51%	41%	5%	4%
HIGH SCHOOLS	47%	32%	0%	21%

Source: Kolbo JR, et al. (2012). 2012 Implementation of Sex-Related Education Policy in Mississippi.

Approximately one third (34%) of principals reported that without the law their school would most likely be doing nothing in regard to sex-related education.

FIGURE 1: SEX-RELATED EDUCATION POLICY ADOPTION WITH & WITHOUT LAW



Source: Kolbo JR, et al. (2012). 2012 Implementation of Sex-Related Education Policy in Mississippi.

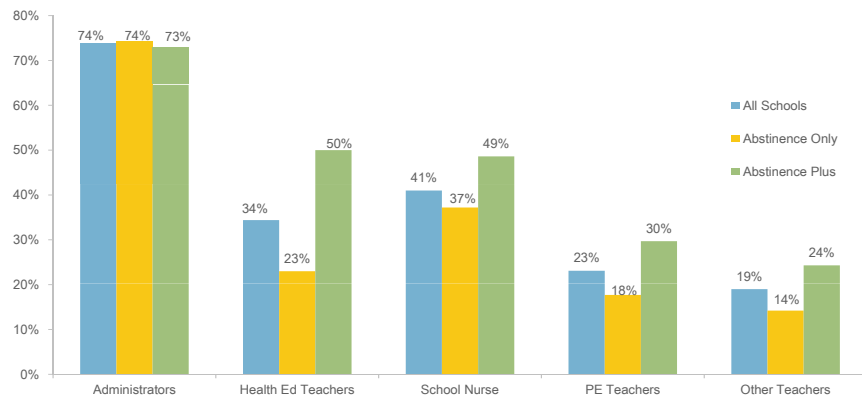
Approximately one-third of both abstinence-only and abstinence-plus schools reported that the state law requiring them to provide sex-related education was the factor that weighed most heavily in their decisions regarding implementation of the policy. Another fifth mentioned community input as a major factor. Abstinence-plus schools were more likely to mention teen pregnancy rates than abstinence-only schools (24% vs. 9%).

The most common curriculum selected by both abstinence-only and abstinence-plus schools was “Choosing the Best.”

The most common curriculum selected by abstinence-only schools was “Choosing the Best” (74%). “WAIT Training” was the second most mentioned curriculum at 8 percent. Among abstinence-plus schools, the most commonly selected curriculum was also “Choosing the Best” (39%), followed by “Draw the Line” (34%), “WAIT Training” (7%), and the CHART curriculum (3%).

Principals were asked to list the persons who were responsible for overseeing the implementation of the policy and for teaching the curriculum. School administrators were listed as the most likely to have implementation oversight responsibility in all schools. Health education teachers, school nurses, PE teachers, and other classroom teachers were more likely to be given some implementation responsibility, as well as teaching roles, by abstinence-plus schools.

FIGURE 2: OVERSIGHT OF POLICY BY TYPE OF POLICY



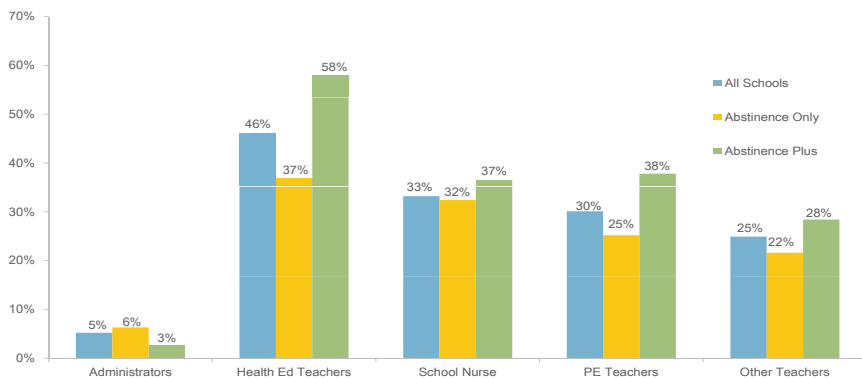
Source: Kolbo JR, et al. (2012). 2012 Implementation of Sex-Related Education Policy in Mississippi.

RESPONSIBILITY FOR TEACHING THE CURRICULUM

	Health Ed Teachers	School Nurse	PE Teachers	Other Teachers
Middle Schools	29%	34%	37%	30%
High Schools	78%	28%	24%	19%

Source: Kolbo JR, et al. (2012). 2012 Implementation of Sex-Related Education Policy in Mississippi.

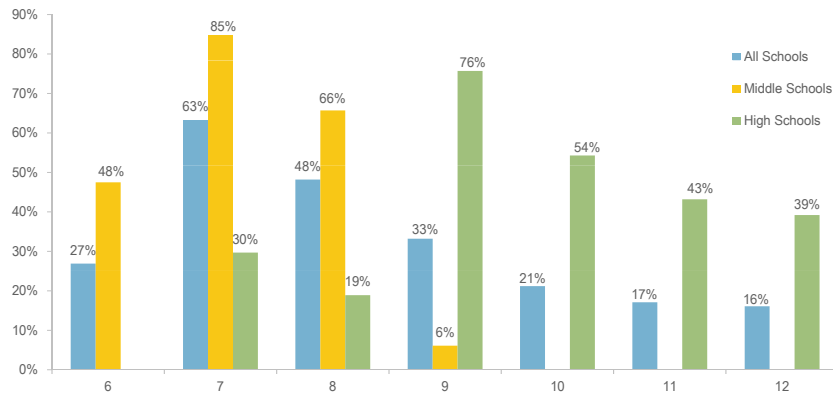
FIGURE 3: RESPONSIBILITY FOR TEACHING CURRICULUM BY TYPE OF POLICY



Source: Kolbo JR, et al. (2012). 2012 Implementation of Sex-Related Education Policy in Mississippi.

When parents of public school students were asked when they thought sex-related education should begin, 65 percent thought it should first be taught in middle school – grades 5, 6, and 7.

FIGURE 4: GRADE LEVEL OF INSTRUCTION BY TYPE OF SCHOOL



Source: Kolbo JR, et al. (2012). 2012 Implementation of Sex-Related Education Policy in Mississippi.

The most common grade in which the sex-related education curriculum is being taught is the seventh grade. For middle schools, 85 percent are teaching the curriculum in the 7th grade and 66 percent in the 8th grade. For high schools, 76 percent are teaching in the 9th grade and 54 percent in the 10th grade. The likelihood of instruction tapers off in the higher grades.

State law requires schools to separate sex-related education classes by gender and to require parental consent before a student may participate in the class. Principals in 85 percent of schools reported separating classes by gender and 92 percent stated that they sought parental approval for student participation. The most common methods reported for seeking parental approval were consent forms and permission slips sent home with the students.

Principals were asked to rank particular groups in regard to how much influence they had on the process of adopting the policy and on selecting the material to be taught. The rankings were fairly consistent between abstinence-only and abstinence-plus schools, with the exception of politicians. Abstinence-only schools ranked politicians one place higher for both influencing the policy adoption and the selection of the curriculum. When parents were asked in a statewide survey in 2011 who they thought should have the most influence in selecting the material to be taught, they ranked public health professionals at the top of the list and put more emphasis on input from parents and less on politicians.

Principals were asked an open-ended question about any barriers or challenges they faced in implementing sex-related education policies. For the abstinence-only schools, 50 percent reported no barriers or challenges and another 27 percent did not answer the question. The most frequent challenge mentioned was time and scheduling (24%), followed by gender separation (13%), consent forms not being returned (7%), and cost of materials (6%). For the abstinence-plus schools, 40 percent reported no barriers or challenges and 29 percent did not answer the question. The most common challenge mentioned was time and scheduling (31%), followed by gender separation (18%), and cost of materials (7%). A small number (<1%) reported that consent forms not being returned and finding space to teach and keep students who opted out of the curriculum were challenges.

WHO HAD THE MOST INFLUENCE IN THE PROCESS OF ADOPTING THE POLICY (FROM MOST TO LEAST IMPORTANT)

ABSTINENCE ONLY	ABSTINENCE PLUS
Principals & Teachers	Principals & Teachers
School Health Councils (tie)	School Health Councils (tie)
Politicians (tie)	Public Health Professionals (tie)
Public Health Professionals	Politicians
Parents	Parents
Students	Students
Religious Leaders	Religious Leaders

WHO HAD THE MOST INFLUENCE IN SELECTING THE MATERIALS TO BE TAUGHT (FROM MOST TO LEAST IMPORTANT)

ABSTINENCE ONLY	ABSTINENCE PLUS
Principals & Teachers	Principals & Teachers
School Health Councils	School Health Councils
Public Health Professionals	Public Health Professionals
Politicians	Parents
Parents	Politicians
Students	Students
Religious Leaders	Religious Leaders

Summary

This survey of middle and high school principals provides insight into the implementation of mandated sex-related education in Mississippi schools. Most principals (52%) reported implementing an abstinence-only policy in their schools, with another third reporting adopting an abstinence-plus policy. The finding that 12 percent of principals, primarily from high schools, stated that their schools were not implementing any form of sex-related education points to the fact that the school boards were required to adopt a policy for the district, but not all schools must teach the curriculum. If the law had not been enacted, at least a third of schools would not be implementing any sex-related education program, according to the principals.

Other key findings:

- The most common curriculum used by both abstinence-only and abstinence-plus schools was the same: “Choosing the Best.”
- School administrators have the primary responsibility for overseeing implementation of the policy.
- Health education teachers have the primary responsibility for teaching the curriculum, followed by school nurses and PE teachers.
- Most middle schools are teaching the curriculum in the seventh and eighth grades, and most high schools are teaching the curriculum in the ninth and tenth grades.
- Politicians had slightly more influence in the policy adoption process and in selecting the material to be taught in abstinence-only schools than in abstinence-plus schools.
- Most principals did not report any major barriers or challenges to implementing the new law, and of those that did, the most frequent challenges mentioned were time/scheduling and separating classes by gender.

Sources

Kolbo JR, Werle N, Harbaugh BL, & Arrington AB. (2012). 2012 Implementation of Sex-Related Education Policy in Mississippi. University of Southern Mississippi. Available at mshealthpolicy.com/wp-content/uploads/2013/02/2012-ISREP-Report-2013-2-13.pdf.

McKee C, Southward LH, Dunaway M, Blanchard T, & Walker B. (2011). Parental Survey on Sex Education in Mississippi: Implications for House Bill 999. Mississippi State University. Available at mshealthpolicy.com/wp-content/uploads/2013/02/MSU-HB999-Final-Report-2-9-12.pdf.

Download the full USM report from the Center’s web site at www.mshealthpolicy.com

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