

Of Mississippi high school students...

**48%**  
say they have had sex.<sup>1</sup>

**18%**  
did not use any method to prevent pregnancy.<sup>1</sup>

**44%**  
did not use condoms.<sup>1</sup>

**83%**  
were never tested for HIV.<sup>1</sup>

**Ranks 3rd in the nation in teen birth rate.<sup>2</sup>**

## ENGAGE IN THE PROCESS

Adopt CHART Policy

Sign Memorandum of Understanding with MS State Department of Health

Train Teachers on Sex Education Curricula

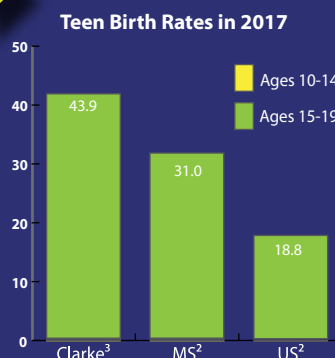
Conduct Implementation and Evaluation

For more information, go to [teenhealthms.org](http://teenhealthms.org) or contact Josh McCawley at [josh@teenhealthms.org](mailto:josh@teenhealthms.org).

**CHART,**  
an "abstinence-plus" initiative, HAS BEEN ADOPTED IN **21 COUNTIES** statewide.



## CLARKE COUNTY IN 2017



Rank among 82 counties in Mississippi:

**35th** in teen birth rates ages 10-14<sup>3</sup>  
**24th** in teen birth rates ages 15-19<sup>3</sup>  
**38th** in Chlamydia infection rates<sup>4</sup>  
**35th** in Gonorrhea rates<sup>5</sup>

## REDUCING TEEN BIRTH AND STI/HIV

*in Clarke County*



**CHART**  
Creating Healthy and Responsible Teens

## THE LAW: HB494

Requires sex education in MS public schools. Each school district must adopt an "abstinence-only" or "abstinence-plus" policy as well as a curriculum approved by the MS Department of Education.

## THE EVIDENCE:<sup>6</sup>

Evidence-based, "abstinence-plus" curricula meet the needs of ALL students and are shown to:

- Delay sexual activity
- Reduce # of partners
- Reduce frequency of sex
- Increase proper use of contraceptives

## WHAT IS CHART?

- Abstinence-plus sex education
- Evidence-based, age-appropriate, and medically accurate
- A partnership with the Mississippi State Department of Health and approved by Mississippi Department of Education
- **FREE** training and technical assistance to school districts

<sup>1</sup>. Center for Disease Control and Prevention. (2015). Youth Risk Behavior Surveillance - United States, 2011. MMWR; 61(4)Retrieved from [https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/ss6506\\_updated.pdf](https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/ss6506_updated.pdf). <sup>2</sup>. Martin JA, Hamilton BE, Osterman MJ, et al. Births: Final data for 2017. National vital statistics report; vol 67, no 8. Hyattsville, MD: National Center for Health Statistics. 2018. [https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67\\_08-508.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_08-508.pdf). <sup>3</sup>. Mississippi Department of Health; Teenage Vital Statistics Data by County of Residence and Race of Mother; Mississippi, 2017: [https://msdh.ms.gov/phs/2017/Summary/teensumm\\_cnty\\_2017.pdf](https://msdh.ms.gov/phs/2017/Summary/teensumm_cnty_2017.pdf). <sup>4</sup>. Mississippi Department of Health; Reported Cases and Rates of Chlamydia by District and County: [http://msdh.ms.gov/msdhsite/\\_static/resources/5998.pdf](http://msdh.ms.gov/msdhsite/_static/resources/5998.pdf). <sup>5</sup>. Reported Cases and Rates of Gonorrhea by District and County: [http://msdh.ms.gov/msdhsite/\\_static/resources/6000.pdf](http://msdh.ms.gov/msdhsite/_static/resources/6000.pdf). <sup>6</sup>. K. Underhill, et al. (2007). Systematic Review of Abstinence-Plus HIV Prevention Programs in High-Income Countries. PLOS Med 4.9 (2007): 3275. pdf.