



FREQUENTLY ASKED QUESTIONS

1. How many teens are actually giving birth here in Mississippi?

According to Power to Decide, in 2017 there were a total of 3,137 births to teens between the ages of 15 and 19 in Mississippi. This approximates to 31 births per 1,000 teens in 2017, which has decreased 64% since 1991. The Women's Foundation of Mississippi attributes this decline to a combination of "less sex and more contraception." Despite this drop, Mississippi still has one of the highest rates of teen pregnancy in the country and the American Academy of Pediatrics reports that education about interventions can prevent or reduce the risk of adolescent pregnancy, HIV, and STIs for children and adolescents.

2. What is the financial impact of teen births to Mississippi citizens?

According to research done by the Women's Foundation of Mississippi, every year unplanned teen pregnancies cost Mississippians \$155 million in lost economic potential. These costs can be attributed to the increase in health care costs, lost tax revenue from lower wages among teen parents and their children, incarceration costs of sons of teen parents, foster care costs, and public assistance. A study done by the Guttmacher Institute in 2010 showed that public spending for unplanned pregnancies in Mississippi totaled an estimated \$267 million.

3. What are the potential negative outcomes resulting from teen births?

Research indicates teen births can result in a range of negative health and employment-related outcomes including:

- a. The sons of teen mothers are 13% more likely to end up in prison, while teen daughters are 22% more likely to repeat the cycle and become teen mothers themselves.
- b. Teen mothers are less likely to complete high school – only one-third receive a high school diploma.
- c. Children of teen mothers are more likely to perform poorly in school, are at a greater risk of abuse and neglect, and generally have lower birth weights.

4. What about STIs? Aren't the national rates of STIs increasing?

The United States has seen a sharp uptick in STI rates over the past few years, and Mississippi is included in this unfortunate trend. In 2017, the Mississippi State Department of Health reported that there were 21,149 cases of chlamydia (5.1% increase since 2016), 9,260 cases of gonorrhea (29.5% increase since 2016), and 865 cases of syphilis (5.2% increase since 2016). The Centers for Disease Control and Prevention found that Mississippi ranks number one for gonorrhea, number three for chlamydia and seventh for syphilis based on the rates of infection per 100,000 people.

5. What do Mississippi's public-school sex education laws entail and are they effective?

As of 2017, Mississippi's sex education laws mandate the teaching of abstinence-only or abstinence-plus curricula, require youth to be educated separately by gender, do not allow condom demonstrations, and

parents must sign a permission waiver for their children to participate in public school sex education classes. The curricula used by Mississippi school districts show little, if any, difference in what children in abstinence-only vs. abstinence-plus classes are taught. Nationwide, abstinence-only education has been proven to be both ineffective and counterproductive and often fails to change teenage sexual behavior. A 2007 study on abstinence-only programs found “not even a hint of an effect on sexual activity, pregnancy or anything.”

6. How common is child abuse in Mississippi and what are its effects?

The Child Welfare League of America reported that 14 out of 1,000 children in Mississippi were victims of child abuse in 2016. They also found that 14% of all men in prison and 36% of women in prison in the United States were abused as children, about twice the frequency seen in the general population. Children who experience abuse and neglect are about nine times more likely to become involved in criminal activity. According to www.dosomething.org, abused children are less likely to practice safe sex, putting them at a greater risk for STIs. They are also 25% more likely to experience teen pregnancy.

7. Where can I find more information?

- Website: www.growingupknowing.org
- Facebook: Growing Up Knowing
- Instagram: [@growingupknowing](https://www.instagram.com/growingupknowing)
- Twitter: [@growupknowing](https://twitter.com/growupknowing)
- LinkedIn: Growing Up Knowing
- Search for our hashtags: [#growupknowing](#) [#growingupknowing](#)

8. How do I bring one of your signature programs to my community?

For more information about our programs, to partner with us, or to find out how you can get involved, email Executive Director, Dana Larkin at dana@growingupknowing.org or Program Specialist, Leah Wittenberg at leah@growingupknowing.org or call us at (601) 589-0275.

9. What programs do you offer?

	My Body, My Boundaries for Early Childhood Families	My Body, My Boundaries for Elementary School Families	The ‘Tween Talk: Comprehensive Sex Education for Middle School Families
Who is it for?	Three and four-year-olds and their parents/caregivers	Elementary age children and their parents/caregivers	Middle school youth and their parents/caregivers
Number of people who can participate?	No maximum	No maximum	Maximum of 12 families
Timing?	One session, 45 minutes total	One session, one hour long	Four sessions, two hours each

	My Body, My Boundaries for Early Childhood Families	My Body, My Boundaries for Elementary School Families	The ‘Tween Talk: Comprehensive Sex Education for Middle School Families
What do sessions focus on?	Correctly naming body parts with anatomically correct dolls, what good and bad touch is, how to say “NO” to hugging or touching, how to tell a trusted adult when they feel unsafe	Correctly naming body parts, recognizing physical boundaries and safe touching, saying “NO to abuse and bullying, reporting abuse to trusted adults, and successfully communicating between children and parents/caregivers	Reproduction and STI facts, consequences of risky sexual behavior, pregnancy prevention (abstinence and contraception), assertive communication skills, affirmative consent, problem solving, decision making, resisting peer pressure, and better communication between child and parent/caregiver
How do you collect data?	Pre and post questionnaire for adults, contact participants six and 12 months after the program	Pre and post questionnaire for adults, contact participants six and 12 months after the program	Questionnaire for teens and parents before the first session and after the final session; contact participants six and 12 months after the program
How is data compiled?	By a professor at Virginia Commonwealth University who will eventually publish results	By a professor at Virginia Commonwealth University who will eventually publish results	By Hope Policy Institute
Who are your partners?	Beth Israel Early Learning Center, Little Samaritan Montessori	Barack H. Obama Magnet School, Beth Israel Congregation, Boys and Girls Clubs of Central Mississippi, Casey Elementary School, East Mississippi Boys and Girls Club, Eastside Elementary, Girl Scout Troop #3326, Goldring/Woldenberg Institute of Southern Jewish Life, Jackson State University Kids Kollege, Lakeshore Congregational Methodist Church, McLeod Elementary School, Midtown Partners Inc. Project Innovation, New Horizon Church International, Northminster Baptist Church, Operation Shoestring, Pecan Park Elementary School, Poindexter Park After School Club, Power APAC Elementary School, Red Door Jackson, Rosemont Missionary Baptist Church, Stewpot Community Services, Wells United Methodist Church, We2Gether Creating Change	Boys & Girls Clubs of Central Mississippi: Canton Unit, Capitol Unit, Sykes Unit, and Walker Unit, East Mississippi Boys & Girls Clubs, Jackson Youth for Christ, New Horizon Church International, Operation Shoestring, Poindexter Park After School Club, Red Door Jackson, Springboard to Opportunities in Batesville and Jackson, Stewpot Community Services