

# The SIECUS State Profiles



## MISSISSIPPI

### MISSISSIPPI'S SEX ED SNAPSHOT

#### THE STATE OF SEX EDUCATION

Sex education advocates have endured a prolonged struggle to advance sex education requirements in Mississippi, most recently cumulating in an ultimately unsuccessful effort to pass [House Bill 1347](#), sponsored by Representative Jeramey Anderson and Representative Kathy Sykes and [House Bill 1401](#), sponsored by Representative Alyce Clarke in 2019. Both bills would have implemented requirements to advance sex education curriculum. Despite continuing opposition from a unified front, advocates persist in their efforts to increase access to comprehensive sex education through implementing innovative strategies to educate youth. Although additional efforts to update sex education requirements in 2016 during their reauthorization period were unsuccessful, continued discussions with state legislators have laid the foundation for progress in 2021 when Mississippi's sex education requirements will be reviewed.

In light of the coronavirus pandemic, young people have faced unprecedented challenges in accessing comprehensive sex education. While advocates were able to successfully meet with state legislators during the summer of 2020 to see what changes can be made to advance sex education in the coming years, schools have been unable to translate sex education to the online environment. This is in part due to the focus on traditional core subjects due to constraints in money, time, and energy, in addition to challenges to adapting sex education curricula to virtual learning. Advocates are currently exploring opportunities to both advance curricula options for schools and partner with community based organization to address the pressing need for sex education.

Lawmakers first approved legislation to implement sex education in public schools in 2011, mandating that schools teach either “abstinence-only” or “abstinence-plus” instruction. Advocates report that a majority of schools opt to teach “abstinence-only” education, and of the 11 approved sex education curriculums, Choosing the Best (an abstinence centered, [sexual risk avoidance](#) based program) is most often utilized.

Mandating local control over sex education 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 LGBTQ 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.

Students have [reported](#) instruction to be shame-based and stigmatizing—and going so far as to compare a student who has engaged in sexual activity to a dirty piece of chocolate. Organizations such as Teen Health Mississippi have implemented four different programs to empower youth to make informed decisions about their sexual health, and their Creating Healthy and Responsible Teens (CHART) program has worked with 33 school districts to support the implementation of evidence-based, medically accurate, age-appropriate, abstinence-plus programs. Such programs work within the state's restrictive requirements to ensure students receive optimal instruction.

In Mississippi, Black youth in particular face racist, systematic barriers to health care and education that result in disproportionate adverse health outcomes. Disparities in health outcomes for young people are [significantly concentrated](#) among Black youth in Mississippi, making up 86 percent of new HIV diagnoses among young people 13-24 in 2018. Further, [59.1 percent](#) of HIV diagnoses among Black men in 2016 were among men who have had sex with men, putting LGBTQ youth at a significant risk for adverse health outcomes. Such glaring discrepancies among racial and sexual minorities in Mississippi demonstrate the urgent need for culturally responsive sex education curriculum that's available to students across the state.

Resistant state legislators, local school boards, limited coalition partners, and insufficient curriculum options are among the biggest barriers to comprehensive sex education for Mississippi's youth. Right now, advocates can take action to ensure young people in their community have access to quality sex education. While state-wide requirements regarding sex education will not be considered until the 2021 reauthorization, advocates can contact their local school board to determine what topics are missing from sex education instruction, such as instruction on consent, sexual orientation and gender identity, and contraceptives.

Advocates can work with local organizations such as Teen Health Mississippi to ensure students receive instruction that is culturally responsive, medically accurate, and evidence-based. Advocates can also work to raise community awareness about specific topics included in comprehensive sex education that are missing from 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. Further, advocates can contact their representatives to discuss the critical need for advancing comprehensive sex education requirements. Advocates are encouraged to use the SIECUS [Community Action Toolkit](#) to guide local efforts to advance sex education.

## STATE SEX EDUCATION POLICIES AND REQUIREMENTS AT A GLANCE

- Mississippi schools are required to teach sex education.
  - Curriculum is not required to be comprehensive.
  - 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, stating that "Every person who shall be convicted of the detestable and abominable crime against nature committed with mankind or with a beast, shall be punished by imprisonment in the penitentiary for a term of not more than ten years", 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.
- 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.](#)
- Mississippi has no standard regarding medically accurate sex education instruction.

## STATE HOUSE HIGHLIGHTS

This section highlights sex education bills that were introduced during the 2020 state legislative session as well as bills that have been introduced thus far in 2021. These proposed bills provide a brief overview of both recent and current legislative action taken to advance or restrict sex education. For a more comprehensive look at relevant legislation

concerning sex education and related topics such as reproductive health care, LGBTQ rights, and HIV/AIDS, continue reading on to the “State Legislative Activity” section of Mississippi’s profile.

## 2021 Legislative Session

- [House Bill 143](#) (pending): Aims to require the current abstinence-only sex education mandate to 2024. [An identical, companion version](#) of this bill has been introduced in the Senate.
- [House Bill 736](#) (pending): Aims to require schools to teach family dynamics in grades seven, eight, or nine, which includes instruction on teen pregnancy prevention. Components of "abstinence-only" or "abstinence-plus" programming may be used to satisfy the course requirement on teen pregnancy prevention.
- [House Bill 805](#) (pending): Aims to require the State Department of Education, in collaboration with the Mississippi Department of Health, to develop a list of approved sex education curricula every five years that is culturally proficient, evidence based, and medically accurate.
- [House Bill 890](#) (pending): Aims to require the Department of Human Services teenage TANF recipients with information and referral to programs that provide information about birth control, prenatal health care, abstinence education, marriage education, parenting skills, family preservation, and fatherhood.
- [House Bill 891](#) (pending): Aims to require the Department of Human Services and the Department of Health to develop teen pregnancy prevention programs. Such programs must educate community members about the consequences of underage sexual activity, encourage young people to postpone sexual activity, and provide medically accurate information about the health benefits and side effects of all contraceptives and barrier methods, and teach young people that are already sexually active or who may become sexually active about the responsibilities and consequences of being a parent and how early parenthood can interfere with educational and other goals.
- [House Bill 893](#) (pending): Aims to require the comprehensive school health education program to include instruction on healthy living, drug and alcohol education, and conflict resolution. Requires school nurses to provide comprehensive school health education.
- [Senate Bill 2226](#) (pending): Aims to establish Mississippi as the sole developer of school curriculum standards apart from mathematics and English Language Arts (ELA) Standards used in select states. Prohibits the use of National Health Standards and the National Sexuality Education Standards or similar model frameworks developed outside the state out Mississippi.

## 2020 Legislative Session

- [House Bill 483](#) (failed): Sought to require all school districts to provide curriculum known as family dynamics that includes instruction on the development of children from birth to age three, financial management, and teen pregnancy prevention.
- [House Bill 901](#) (failed): Sought to establish the Teen Pregnancy Prevention Act to require the Department of Human Services and the Department of Health to develop programs and strategies to promote pregnancy prevention.

- [House Bill 1537](#) (failed): Sought to require the State Department of Education, in collaboration with the Mississippi Department of Health, to develop a list of approved sex education curricula every five years that is medically accurate, evidence-based, and age appropriate.

## MORE ON SEX ED IN MINNESOTA

### STATE LAW

[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:

- a) 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.
- b) 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.
- c) that unwanted sexual advances are irresponsible; how to reject sexual advances; and how alcohol and drug use increases vulnerability to sexual advances.
- d) 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.
- e) the current state law related to sexual conduct, including forcible rape, statutory rape, paternity establishment, child support, and homosexual activity.
- f) that a mutually faithful, monogamous marriage is the only appropriate setting for sexual intercourse.

Human sexuality instruction provided in schools need not 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.”

The Mississippi Department of Health and the Department of Education must implement a Teen Pregnancy Pilot Program in districts with the highest number of teen pregnancies, given the availability of funding. Such programs must be coordinated through the school nurse and include information on abstinence, reproductive health, teen pregnancy, and STDs. Mississippi public school nurses may not provide abortion counseling to students, nor may they refer students to abortion services.

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.

## STATE LEGISLATIVE ACTIVITY

State legislative activity related to sex education does not take place in isolation from the broader embroiled political and policy climate. Attacks on the rights of lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) individuals, and efforts to limit access to abortion care and other reproductive health care services prevent students from receiving comprehensive sex education and accessing sexual and reproductive health care services. Below are highlights of current legislative activity related to these topics. **Mississippi's 2021 session convened January 5, 2021**

TITLE	DESCRIPTION	STATUS
<a href="#">HOUSE BILL 143</a>	EXTENDS THE CURRENT ABSTINENCE-ONLY SEX EDUCATION MANDATE TO 2024.	REFERRED TO THE HOUSE COMMITTEE ON EDUCATION (2021)
<a href="#">HOUSE BILL 736</a>	REQUIRES SCHOOLS TO TEACH FAMILY DYNAMICS IN GRADES SEVEN, EIGHT, OR NINE, WHICH INCLUDES INSTRUCTION ON TEEN PREGNANCY PREVENTION. COMPONENTS OF “ABSTINENCE-ONLY” OR “ABSTINENCE-PLUS” PROGRAMMING MAY BE USED TO SATISFY THE COURSE REQUIREMENT ON TEEN PREGNANCY PREVENTION.	REFERRED TO THE HOUSE COMMITTEES ON EDUCATION; YOUTH AND FAMILY AFFAIRS (2021)
<a href="#">HOUSE BILL 790</a>	PROHIBITS ABORTION UNLESS IN THE CASE OF A MEDICAL EMERGENCY.	REFERRED TO THE HOUSE COMMITTEE ON JUDICIARY B (2021)
<a href="#">HOUSE BILL 805</a>	REQUIRES THE STATE DEPARTMENT OF EDUCATION, IN COLLABORATION WITH THE MISSISSIPPI DEPARTMENT OF HEALTH, TO DEVELOP A LIST OF APPROVED SEX EDUCATION CURRICULA EVERY FIVE YEARS THAT IS CULTURALLY PROFICIENT, EVIDENCE BASED, AND MEDICALLY ACCURATE.	REFERRED TO THE HOUSE COMMITTEES ON EDUCATION; APPROPRIATIONS (2021)
<a href="#">HOUSE BILL 890</a>	REQUIRES THE DEPARTMENT OF HUMAN SERVICES TEENAGE TANF RECIPIENTS WITH INFORMATION AND REFERRAL TO PROGRAMS THAT PROVIDE INFORMATION ABOUT BIRTH CONTROL, PRENATAL HEALTH CARE, ABSTINENCE EDUCATION, MARRIAGE EDUCATION, PARENTING SKILLS, FAMILY PRESERVATION, AND FATHERHOOD.	DIED IN THE HOUSE COMMITTEE ON PUBLIC HEALTH AND HUMAN SERVICES (2021)
<a href="#">HOUSE BILL 891</a>	REQUIRES THE DEPARTMENT OF HUMAN SERVICES AND THE DEPARTMENT OF HEALTH TO DEVELOP TEEN PREGNANCY PREVENTION PROGRAMS. SUCH PROGRAMS MUST EDUCATE COMMUNITY MEMBERS ABOUT THE	REFERRED TO THE HOUSE COMMITTEE ON PUBLIC HEALTH AND HUMAN SERVICES (2021)

	CONSEQUENCES OF UNDERAGE SEXUAL ACTIVITY, ENCOURAGE YOUNG PEOPLE TO POSTPONE SEXUAL ACTIVITY, AND PROVIDE MEDICALLY ACCURATE INFORMATION ABOUT THE HEALTH BENEFITS AND SIDE EFFECTS OF ALL CONTRACEPTIVES AND BARRIER METHODS, AND TEACH YOUNG PEOPLE THAT ARE ALREADY SEXUALLY ACTIVE OR WHO MAY BECOME SEXUALLY ACTIVE ABOUT THE RESPONSIBILITIES AND CONSEQUENCES OF BEING A PARENT AND HOW EARLY PARENTHOOD CAN INTERFERE WITH EDUCATIONAL AND OTHER GOALS.	
<a href="#">HOUSE BILL 893</a>	REQUIRES THE COMPREHENSIVE SCHOOL HEALTH EDUCATION PROGRAM TO INCLUDE INSTRUCTION ON HEALTHY LIVING, DRUG AND ALCOHOL EDUCATION, AND CONFLICT RESOLUTION. REQUIRES SCHOOL NURSES TO PROVIDE COMPREHENSIVE SCHOOL HEALTH EDUCATION.	REFERRED TO THE HOUSE COMMITTEES ON EDUCATION, PUBLIC HEALTH AND HUMAN SERVICES (2021)
<a href="#">SENATE BILL 2171</a>	PROHIBITS MEDICAL PROFESSIONALS FROM PROVIDING GENDER AFFIRMING CARE TO MINORS AND REQUIRES GOVERNMENT AGENTS TO NOTIFY PARENTS OR GUARDIANS IF THEY ARE AWARE THEIR CHILD IS EXPERIENCING GENDER DYSPHORIA OR NONCONFORMITY. FURTHER PROHIBITS A STATE OFFICE, AGENCY, LOCAL GOVERNMENT, OR ANY AUTHORIZING AUTHORITY TO PROHIBIT PROFESSIONALS WHO PROVIDE COUNSEL OR GUIDANCE FROM PROVIDING COMMUNICATION CONSISTENT WITH CONSCIENCE OR RELIGIOUS BELIEF.	DIED IN COMMITTEE (2021)
<a href="#">SENATE BILL 2226</a>	ESTABLISHES MISSISSIPPI AS THE SOLE DEVELOPER OF SCHOOL CURRICULUM STANDARDS APART FROM MATHEMATICS AND ENGLISH LANGUAGE ARTS (ELA) STANDARDS USED IN SELECT STATES. PROHIBITS THE USE OF NATIONAL HEALTH STANDARDS AND THE NATIONAL SEXUALITY EDUCATION STANDARDS OR SIMILAR MODEL FRAMEWORKS DEVELOPED OUTSIDE THE STATE OUT MISSISSIPPI.	REFERRED TO THE SENATE COMMITTEE ON EDUCATION (2021)
<a href="#">HOUSE BILL 483</a>	REQUIRES ALL SCHOOL DISTRICTS TO PROVIDE CURRICULUM KNOWN AS FAMILY DYNAMICS THAT INCLUDES INSTRUCTION ON THE DEVELOPMENT OF CHILDREN FROM BIRTH TO AGE THREE, FINANCIAL MANAGEMENT, AND TEEN PREGNANCY PREVENTION.	DIED IN THE HOUSE COMMITTEE ON EDUCATION (2020)
<a href="#">HOUSE BILL 901</a>	ESTABLISHES THE TEEN PREGNANCY PREVENTION ACT TO REQUIRE THE DEPARTMENT OF HUMAN SERVICES AND THE DEPARTMENT OF HEALTH TO DEVELOP	DIED IN COMMITTEE (2020)



	PROGRAMS AND STRATEGIES TO PROMOTE PREGNANCY PREVENTION.	
<a href="#">HOUSE BILL 1001</a>	PROHIBITS ABORTION.	DIED IN COMMITTEE (2020)
<a href="#">HOUSE BILL 1391</a>	REQUIRES ATHLETIC TEAMS OR SPORTS THAT ARE SPONSORED BY A PUBLIC SCHOOL OR ANY SCHOOL THAT IS A MEMBER OF THE MISSISSIPPI HIGH SCHOOL ACTIVITIES ASSOCIATION OR PUBLIC INSTITUTION OF HIGHER EDUCATION OR ANY HIGHER EDUCATION INSTITUTION THAT IS A MEMBER OF THE NCAA TO BE DESIGNATED BASED ON "BIOLOGICAL SEX."	DIED IN COMMITTEE (2020)
<a href="#">HOUSE BILL 1537</a>	REQUIRES THE STATE DEPARTMENT OF EDUCATION, IN COLLABORATION WITH THE MISSISSIPPI DEPARTMENT OF HEALTH, TO DEVELOP A LIST OF APPROVED SEX EDUCATION CURRICULA EVERY FIVE YEARS THAT IS MEDICALLY ACCURATE, EVIDENCE BASED, AND AGE APPROPRIATE.	DIED IN COMMITTEE (2020)
<a href="#">SENATE BILL 2240</a>	REQUIRES ATHLETIC TEAMS OR SPORTS THAT ARE SPONSORED BY A PUBLIC SCHOOL OR ANY SCHOOL THAT IS A MEMBER OF THE MISSISSIPPI HIGH SCHOOL ACTIVITIES ASSOCIATION OR PUBLIC INSTITUTION OF HIGHER EDUCATION OR ANY HIGHER EDUCATION INSTITUTION THAT IS A MEMBER OF THE NCAA TO BE DESIGNATED BASED ON "BIOLOGICAL SEX."	DIED IN COMMITTEE (2020)
<a href="#">SENATE BILL 2490</a>	PROHIBITS MEDICAL PROFESSIONALS FROM PROVIDING GENDER AFFIRMING SURGERY OR HORMONES TO A MINOR.	DIED IN COMMITTEE (2020)

#### LEGISLATIVE KEY

**SEX EDUCATION**  
**REPRODUCTIVE HEALTH CARE**  
**SEXUAL ORIENTATION AND GENDER IDENTITY**  
**HIV/AIDS (THAT IMPACTS YOUTH)**

## 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. To learn more about Mississippi's Youth Risk Behavior Survey (YRBS) results, [click here](#).

### MISSISSIPPI SCHOOL HEALTH PROFILES DATA

In 2019, the Centers for Disease Control and Prevention (CDC) released the 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 20 sexual health education topics](#) as critical for ensuring a young person's sexual health. Below are key instruction highlights for secondary schools in Mississippi as [reported](#) for the 2017–2018 school year

#### Reported teaching all 20 critical sexual health education topics

- 27.6% of Mississippi secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 6, 7, or 8.
- 38.9% of Mississippi secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.

#### Reported teaching about the benefits of being sexually abstinent

- 60.6% of Mississippi secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.
- 87.9% of Mississippi secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.

#### Reported teaching how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy

- 51.9% of Mississippi secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 6, 7, or 8.
- 80.1% of Mississippi secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 9, 10, 11, or 12.

#### Reported teaching how to create and sustain healthy and respectful relationships

- 60.2% of Mississippi secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.
- 80.9% of Mississippi secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 9, 10, 11, or 12.

#### Reported teaching about preventive care that is necessary to maintain reproductive and sexual health

- 43.8% of Mississippi secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 6, 7, or 8.
- 76.0% of Mississippi secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 9, 10, 11, or 12.

#### Reported teaching how to correctly use a condom

- 33.5% of Mississippi secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.
- 44.8% of Mississippi secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.

#### Reported teaching about methods of contraception other than condoms

- 38.4% of Mississippi secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 6, 7, or 8.
- 63.5% of Mississippi secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 9, 10, 11, or 12.



#### Reported teaching about sexual orientation

- 34.3% of Mississippi secondary schools taught students about sexual orientation in a required course in any of grades 6, 7, or 8.
- 45.6% of Mississippi secondary schools taught students about sexual orientation in a required course in any of grades 9, 10, 11, or 12.

#### Reported teaching about gender roles, gender identity, or gender expression

- 33.5% of Mississippi secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 6, 7, or 8.
- 53.8% of Mississippi secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 9, 10, 11, or 12.

#### Reported providing curricula or supplementary materials relevant to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth

- 40.9% of Mississippi secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.

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