



## **Alabama Campaign for Adolescent Sexual Health 2021 Policy Priorities**

Alabama youth are significantly impacted by a lack of sexual health education and services that are medically accurate and age appropriate. Lack of investment in sexual health education and services has led to adverse sexual health outcomes. Alabama has the 10<sup>th</sup> highest teen birth rate in the United States<sup>1</sup>, and according to the CDC, Alabama has the 4<sup>th</sup> highest rate of reported gonorrhea cases and 15<sup>th</sup> highest rate of reported chlamydia cases<sup>2</sup>. Additionally, in 2017 young adults in their 20s had the highest rate of new HIV infections in the state<sup>3</sup>.

The Alabama Campaign for Adolescent Sexual Health envisions sexually healthy people and communities throughout Alabama and advances our mission by championing healthy adolescent development through evidence-informed sexual health education and services. We seek to realize our vision and mission by ensuring that policy makers' proposals, actions, and mandates are supportive of evidence-informed programs, services, and practices. We also do this by ensuring youth-serving organizations throughout Alabama effectively and professionally deliver evidence-informed programs, services, and interventions. Right now, Alabama has the ability to:

### **(1) ADDRESS RACIAL HEALTH DISPARITIES IN SEXUAL AND REPRODUCTIVE HEALTH**

*The issue:* Systemic racism is inherent in our laws, policies, and practices in the United States. It infects our public health infrastructure, especially within sexual and reproductive health. Sexual health curricula that is evidence-based is often tainted by racist stereotypes, imagery, and framing of statistics.<sup>4</sup> Within sexual and reproductive work, there is a history of implicit bias and racial inequity. Examples that are close to home in Alabama include the Tuskegee Syphilis Study<sup>5</sup>, the gynecological experiments of James Marion Sims<sup>6</sup>, and persistently high Black infant and maternal mortality rates<sup>7</sup>.

*Why it matters:* It is unacceptable that BIPOC (Black, Indigenous, People of Color) communities cannot access equitable sexual and reproductive health education and services. Our health providers are charged with caring for all people regardless of race, gender, or creed. We cannot hope to change adverse sexual and reproductive health outcomes for young people without also addressing the biases at the center of public health and medicine.

*What must be done:* The field of public health has much work to do to rebuild trust with BIPOC communities. As public health practitioners working in sexual and reproductive health, we must carefully review our organizational policies and practices, as well as our individual biases. We must review the tools we use, including curricula, to identify and change racist language, imagery, and stereotypes. We must be committed to anti-racism in our professional and personal lives in order to care for the wellbeing of all young people.

## **(2) REMOVE HOMOPHOBIC LANGUAGE FROM THE ALABAMA SEXUAL HEALTH EDUCATION LAW**

*The issue:* Alabama’s sexual health education law (Code of Alabama, 1975, § 16-40A-2) states that, if sexual health education is taught, it must “emphasize abstinence,” must be “age-appropriate,” and must denigrate LGBTQ sexuality. The law requires “an emphasis, in a factual manner and from a public health perspective, that homosexuality is not a lifestyle acceptable to the general public and that homosexual conduct is a criminal offense under the laws of the state.” Not only is this language harmful to young people, especially those that identify as LGBTQ, but it is also factually inaccurate. Alabama’s sodomy ban was declared unconstitutional in 2014 and replaced with a law that bans nonconsensual sodomy (Code of Alabama, 1975, § 13A-6-63).<sup>8</sup> Furthermore, in June 2015 the United States Supreme Court declared same-sex marriage legal in all states.

*Why it matters:* Sexual health education at its best is medically accurate, age-appropriate, and inclusive of all young people. Teaching that homosexuality is “not a lifestyle acceptable to the general public” is entirely opinion-based. This language is harmful to young people who identify as lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ).

*What must be done:* The Alabama Campaign, alongside partner organizations and young people, has focused on this aspect of the sexual health education law for almost a decade. Over the years, we have seen bipartisan leadership and support for the removal of the homophobic language from the sexual health law. The Alabama Campaign continues to recommend that section 8 of the Alabama sexual health education law be removed.

## **(3) ENSURE EVIDENCE-INFORMED, AGE-APPROPRIATE SEX EDUCATION POLICIES AT THE LOCAL SCHOOL SYSTEM LEVEL**

*The issue:* Sex education in Alabama is not mandated. Because it is not mandated, there is no accountability system for monitoring what is taught and whether the lessons are medically accurate or age appropriate. In 2019, the Alabama State Department of Education released its updated Alabama Course of Study: Health Education. In this updated version the course of study reads: “It is highly recommended that local school systems develop and adopt a policy regarding the instruction of sex education content for their schools in accordance with law, regulations, and resolutions in age- and content-appropriate contexts.”

*Why it matters:* This is the first time that the Alabama State Department of Education has recommended that local school systems develop their own sex education policy. This guidance is an opportunity to develop policies that are evidence-informed, medically accurate, age-appropriate, inclusive, and free of bias.

*What must be done:* The Alabama Campaign is committed to working with local school systems to develop sex education policies that follow the Health Course of Study and the sex education law, and that meets the needs of today's students.

#### **(4) MANDATE COMPREHENSIVE AND INCLUSIVE SEX EDUCATION IN PUBLIC SCHOOLS**

*The issue:* Alabama's state laws on sexual health education are not cohesive. Sex education is allowed, but not mandated in public schools, while HIV/AIDS education *is* mandated, and existing laws exclude LGBTQ youth. Adding to the lack of cohesion, the Alabama Health Course of Study only *suggests* that each of the state's 138 local school districts create their own sex education policy.

*Why it matters:* Youth need access to sexual health education and services to protect their health throughout their lifetime. By mandating sexual health education that is comprehensive, inclusive, and evidence-informed, Alabama youth will have the knowledge and skills they need to make healthy decisions about their relationships and bodies.

*What must be done:* The Alabama Campaign recommends that the State Legislature amend the sexual health education law to make sexual health education comprehensive, inclusive, and mandatory for all public schools in the state. The Alabama Campaign recommends that age-appropriate longitudinal sexual health education programming be implemented yearly from kindergarten through 12th grade and include information regarding anatomy basics in language inclusive of all gender identities, consent, communication, diversity, and body autonomy.

#### **(5) ENSURE SEXUAL AND REPRODUCTIVE HEALTH ACCESS FOR ALL ALABAMIANS**

*The issue:* Since the passage of the Affordable Care Act (ACA) in 2010, insurers are required to provide coverage for pregnancy, maternity, newborn care (before and after birth), preventative and wellness services, and birth control and breastfeeding.<sup>9</sup> This includes preventative services such as HPV immunizations, STI prevention counseling, and syphilis screening for all adults without charging a co-pay. This also includes breast cancer screening, cervical cancer screening, HIV screening, domestic violence counseling, and annual gynecological visits without co-pay. In the last four years, there have been repeated attempts to repeal the ACA with no plan for replacement.

Additionally, Alabama continues to be one of twelve states that has not expanded its Medicaid benefits under the ACA. Without Medicaid expansion, more than 220,000 Alabamians fall in a health coverage gap where they make too much money to qualify for Medicaid and too little to afford insurance coverage on the individual marketplace.<sup>10</sup>

*Why it matters:* Before the ACA, people seeking reproductive health services had to pay an insurance co-pay to see their doctor, plus a percentage of their visit's cost that their insurance did not cover. This left many without access to preventative services, including cancer screenings and birth control. People in the Medicaid coverage gap continue to face these issues.

*What must be done:* We implore the State Legislature and Governor Ivey to expand Medicaid so that more Alabamians have health insurance coverage. We also implore Congress to recognize the value of the ACA and strengthen the provisions that cover vital sexual and reproductive health services. Access to preventative care, particularly birth control, has undoubtedly impacted the falling rates of unintended teen births in this country and in Alabama. Whether through a public or private insurer, all Alabamians should have access to reproductive health services.