



Alabama Campaign for Adolescent Sexual Health 2023 Policy Priorities

Alabama youth are significantly impacted by a lack of sexual health education and services that are medically accurate, inclusive, and age appropriate. Lack of investment in sexual health education and services has led to adverse sexual health outcomes. According to the CDC's 2020 data, Alabama has the 5th highest teen birth rate in the United States,¹ the 4th highest rate of reported gonorrhea cases² and the 9th highest rate of reported chlamydia cases³. Additionally, 40% of newly diagnosed HIV cases in Alabama were found in young people ages 20-29 years old (ADPH, 2019).⁴

The Alabama Campaign for Adolescent Sexual Health envisions access to comprehensive sexual health throughout Alabama and advances our mission to champion healthy adolescent development through medically accurate and equitable sexual health education and services. We seek to realize our vision and mission by ensuring that policy maker proposals, actions, and mandates are supportive of evidence-informed programs, services, and practices. Right now, Alabama has the ability to:

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

The issue: Systemic racism, health disparities, and structural inequalities are pervasive in our laws, policies, and practices, which affect our public health infrastructure, especially within sexual and reproductive health. This means that Black and Brown youth face disproportionate health challenges and barriers to comprehensive sexual health education and resources.⁵ Within sexual and reproductive work, there is a history of implicit bias and racial inequity.⁶ Examples that are close to home in Alabama include the Tuskegee Syphilis Study⁷, the forced and coerced gynecological experiments of James Marion Sims⁸, and persistently high Black infant and maternal mortality rates (rates that are twice as high as their white counterparts).⁹

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 and meeting the diverse set of needs and ailments that patients

¹ <https://www.cdc.gov/nchs/pressroom/sosmap/teen-births/teenbirths.htm>

² <https://www.cdc.gov/std/statistics/2020/tables/8.htm>

³ <https://www.cdc.gov/std/statistics/2020/tables/2020-std-surveillance-state-ranking-tables.pdf>

⁴ https://www.alabamapublichealth.gov/hiv/assets/hivsurveillanceannualreport_2019.pdf

⁵ http://blackrj.org/wp-content/uploads/2020/04/6217-IOOV_SexEd.pdf

https://siecus.org/state_profile/alabama-state-profile/

⁶ <https://www.hrw.org/news/2022/08/10/racism-rampant-us-reproductive-health-care>

⁷ <https://www.cdc.gov/tuskegee/timeline.htm>

⁸ <https://www.anarchalucybetsey.org/anarchalucyandbetsey>

⁹ <https://www.alabamapublichealth.gov/perinatal/infant-mortality.html>

present. 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. We invite other health practitioners and the Alabama Department of Public Health to join us as we continually review our organizational policies and practices, as well as our individual biases. We must critically look at 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) MANDATE COMPREHENSIVE SEXUAL HEALTH EDUCATION IN ALABAMA PUBLIC SCHOOLS AND CREATE ACCOUNTABILITY MEASURES TO ENSURE EFFICACY

The issue: Sex education in Alabama is not mandated. Because it is not mandated, there is no accountability system for monitoring what is taught or whether the lessons are medically accurate and age appropriate. Even for those components of sex education that are mandated, such as HIV/AIDS education, they are not monitored by the Alabama State Department of Education. 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.” Without a mandate, schools can teach any sexual health content of their choosing, provided that it follows the guidelines set out in the law.

Why it matters: This is the first time that the Alabama State Department of Education has recommended that local school districts develop their own sex education policy. This recommendation is an opportunity to develop policies that are evidence-informed, medically accurate, age-appropriate, inclusive, and free of bias. Youth need access to sexual health education and services to protect their health throughout their lifetime. Currently, we do not know of any comprehensive and inclusive sexual health education at the public-school level in Alabama. Without sex education policies at the local district level, less than a quarter of Alabama middle schoolers have been provided any sexual health content (CDC, 2020).¹⁰ While we agree with the recommendation to develop local school policies, we also believe that more robust measures must be taken to ensure implementation, data tracking, and accountability statewide.

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, consent, communication, diversity, and body autonomy. We recommend that language in these programs be inclusive of all genders and sexualities. While we wait for statewide legislation to pass, we are committed to working with local school systems to develop sex education policies that follow the *Alabama Course of Study: Health Education* and the sex

¹⁰ https://www.cdc.gov/healthyyouth/data/profiles/pdf/2018/CDC-Profiles-2018.pdf?s_cid=tw-zaza-1235
<https://www.al.com/educationlab/2022/06/what-alabama-schools-can-teach-about-abortion-sex-education-after-roe.html>

education law, and that meet the needs of today's students. Sex education policies should, at a minimum, include:

- a definition of sexual health education
- how often a typical student should receive sexual health education
- what curriculum, program, and/or resources are approved for sexual health education
- who is assigned to teach sexual health education
- training and professional development required to teach sexual health education

(3) ENSURE SEXUAL AND REPRODUCTIVE HEALTH ACCESS FOR ALL ALABAMIANS THROUGH THE EXPANSION OF MEDICAID

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, birth control, and breastfeeding.¹¹ This includes preventative services such as HPV immunizations, STI-prevention counseling, and syphilis screening for all adults without charging a copay. This also includes breast cancer screening, cervical cancer screening, HIV screening, domestic violence counseling, and annual gynecological visits without a copay. In the last several years, there have been repeated attempts to repeal the ACA with no plan for replacement.

Additionally, Alabama continues to be one of eleven states that has not expanded its Medicaid benefits under the ACA.¹² 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.¹³

Why it matters: Before the ACA, people seeking reproductive health services had to pay an insurance copay to see their doctor, plus a percentage of their visit's cost that their insurance did not cover. This left many Alabamians without access to preventative services, including cancer screenings and birth control. People in the Medicaid coverage gap continue to face these issues. There are many positive implications of expanding Medicaid in Alabama. For example, states that have expanded Medicaid have seen improvements in infant and maternal mortality and greater access to treatment for mental illness and substance use disorders.¹⁴ Additionally, Alabama Arise argues that extending coverage would reduce Alabama's racial health disparities.¹⁵

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 pregnancy in this country and in Alabama. Whether through a public or private insurer, all Alabamians should have access to reproductive health services.

(4) ENSURE THE PROTECTION OF PREGNANT PEOPLE AGAINST INVESTIGATION AND PROSECUTION FOR MISCARRIAGE OR PREGNANCY LOSS

¹¹ <https://www.hhs.gov/guidance/document/fact-sheet-young-adults-and-affordable-care-act-protecting-young-adults-and-eliminating>

¹² <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>

¹³ <https://www.coveralabama.org/>

¹⁴ <https://www.alarise.org/wp-content/uploads/2020/06/Alabama-Arise-Medicaid-Chartbook-WEB.pdf>

¹⁵ <https://www.alarise.org/wp-content/uploads/2020/06/Alabama-Arise-Medicaid-Chartbook-WEB.pdf>

The issue: Following the *Dobbs v Jackson Women’s Health Organization* decision, which overturned *Roe v Wade*, Alabama’s fetal homicide law has put many people who experience miscarriage at risk of prosecution. Under current law, there are no protections for people who experience pregnancy loss, and thus, they may be surveilled, investigated, and prosecuted by law enforcement, judicial, or administrative authorities.

Why it matters: Across the country about one million known pregnancies end in a miscarriage or pregnancy loss every year.¹⁶ According to the Alabama Department of Health’s 2019 data, there were 12,477 fetal losses, separate from the 7,538 induced terminations of pregnancy, in Alabama alone.¹⁷ Additionally, the infant mortality rate is highest among all the states at 7%, totaling 403 infant deaths per year. Whether a family experiences miscarriage, stillbirth, or infant death, it is quite common to undergo a painful grieving process and need additional support and resources during that time.¹⁸ Unfortunately, fetal homicide laws have already impacted the lives of pregnant people in Alabama. All pregnant people deserve to be treated with respect and dignity.

What must be done: The Alabama Campaign urges the State Legislature and Governor Kay Ivey to develop policy that prevents government authorities from investigating pregnant people based on their pregnancy outcomes. In addition, we encourage policy that explicitly removes pregnancy outcomes from mandatory reporting expectations. For example, no mandatory reporter should be required, expected, or encouraged to inform child welfare authorities about a person’s pregnancy outcome. People capable of pregnancy deserve human rights and relevant resources for maternal health care and health care related to pregnancy loss. The Alabama Campaign for Adolescent Sexual Health supports all policies that protect pregnant and parenting adolescents in gaining the resources they need to build strong and healthy families.

(5) ENSURE THE PROTECTION OF LGBTQ+ YOUTH

The issue: LGBTQ+ people, especially transgender people, are legally denied fundamental human rights in Alabama.¹⁹ Under current state law, educators are restricted from discussing LGBTQ people or issues in grades K-5, schools are required to notify parents of LGBTQ-inclusive curricula and allow parents to opt children out, school districts are banned from passing LGBTQ Anti-Bullying Policies, transgender students are restricted from participating in sports consistent with their gender identity, and transgender students are restricted from using school facilities consistent with their gender identity.²⁰ In legislation passed in 2022, it would be a felony for a medical provider to provide gender-affirming care to trans and gender non-binary young people.²¹ This legislation was signed by Governor Ivey and is currently being held up in court.

¹⁶ Center for Disease Control. (2020). *Infant Mortality Rates by State*
https://www.cdc.gov/nchs/pressroom/sosmap/infant_mortality_rates/infant_mortality.htm

¹⁷ Alabama Department of Health (2020). *Vital Statistics Summary*.
<https://www.alabamapublichealth.gov/healthstats/assets/atalgance2020.pdf>

¹⁸ Amelia Center. (2022). *For Families Resources, Pregnancy and Newborn Loss*
<https://www.childreusal.org/sites/default/files/workfiles/amelia-center/Pregnancy%20and%20Newborn%20Loss.pdf>

¹⁹ <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>

²⁰ https://www.lgbtmap.org/equality_maps/profile_state/AL

²¹ <https://www.npr.org/2022/04/07/1091510026/alabama-gender-affirming-care-trans-transgender>

Why it matters: The Gay, Lesbian & Straight Education Network (GLSEN) published data in 2019 that reveals that the majority of LGBTQ students in the state have experienced anti-LGBTQ victimization at school and only 4% of students attended a school with comprehensive anti-bullying/harassment policy that included specific protections based on sexual orientation and gender expression.²² Further, 47% of LGBTQ youth in Alabama seriously considered suicide and 13% of LGBTQ youth in Alabama attempted suicide in the past year (2022).²³ Additionally, 82% of transgender and nonbinary youth reported experiencing symptoms of anxiety while 70% of transgender and gender nonbinary youth report experiencing symptoms of depression.²⁴ The Alabama Campaign understands the lack of child protection policies and lack of representation in curriculum as causal factors in these high rates of mental health challenges among LGBTQ youth in our state.

What must be done: The Alabama Campaign encourages the State Legislature and Governor Ivey to develop policies that support all children in accessing the affirming health care they need to thrive. We also insist on policies that create safe school environments for all children to come as their authentic selves, which requires comprehensive and inclusive sexual health education--curriculum that centers diverse family and relationship structures. It also requires the presence of gender-neutral facilities and the adoption of anti-bullying school policies that include LGBTQ student protections specifically.

(6) IMPLEMENT CHILD PROTECTION POLICIES AND MINIMIZE THE IMPACT OF “PARENTAL RIGHTS” EXTREMISM

The issue: Recently, there has been a rise in parental rights extremist groups, like Moms for Liberty, who advocate for book bans, educational censorship, and opt out policies that deny children access to age-appropriate and medically accurate sexual health education curriculum. These groups attempt to silence, erase, and isolate young people, especially those who identify as LGBTQ or BIPOC. While 87% of Americans do not think books should be banned for political ideas and 83% of Americans do not think books should be banned for criticizing US history,²⁵ current laws and policies have had huge impacts on educators and forced them to make their classrooms less inclusive and less accepting of differences.²⁶

Why it matters: The Alabama Campaign believes in supporting parents in raising healthy and strong children and families. Alabama courts have repeatedly recognized the rights of parents to oversee the care of their children as a fundamental right deserving of the strict scrutiny standard. However, children are also people who deserve rights and protection, and parental rights should not infringe or impede upon a child's rights. Young people have a right to information about their bodies, how their bodies work, and how to protect their health.

What must be done: The Alabama Campaign implores the State Legislature and Governor Ivey to pass policies that protect young people's rights to medically accurate and age-appropriate sexual health

²² <https://www.glsen.org/sites/default/files/2021-01/Alabama-Snapshot-2019.pdf>

²³ <https://www.thetrevorproject.org/wp-content/uploads/2022/12/The-Trevor-Project-2022-National-Survey-on-LGBTQ-Youth-Mental-Health-by-State-Alabama.pdf>

²⁴ <https://www.thetrevorproject.org/wp-content/uploads/2022/12/The-Trevor-Project-2022-National-Survey-on-LGBTQ-Youth-Mental-Health-by-State-Alabama.pdf>

²⁵ <https://www.hrc.org/press-releases/education-censorship-book-bans-and-attacking-free-speech-setting-the-record-straight-as-extremist-politicians-in-florida-alabama-and-other-states-attempt-to-reignite-culture-war-attacking-lgbtq-youth>

²⁶ <https://www.al.com/educationlab/2022/09/alabama-updates-school-rule-allows-firing-if-teachers-inappropriately-discuss-lgbtq-issues.html>

education and health resources/services. We recommend that policies be written to give youth access to information, offer materials that are inclusive and free of hate speech, and eliminate any barriers youth currently face when they seek information or services related to sexual health in their communities.