If/Then

If You Care About Achieving Health Equity for All, Then You Should Care About Sex Education

WHAT IS "HEALTH EQUITY" AND HOW DOES IT RELATE TO SEX EDUCATION?

Health equity is achieved when all people have the resources and environment necessary to attain their full potential for health and well-being.[1] Ensuring that young people have access to comprehensive, medically accurate, inclusive, non-stigmatizing, and culturally competent sex education is critical to achieve the goal of health equity for all people. **Comprehensive sex education ("CSE")** is a vital part of addressing health inequities for young people by providing them a wide range of knowledge and tools to make informed decisions about their bodies, relationships, and sexual and reproductive health.

CURRENT STATE OF SEX EDUCATION

Sex education in the U.S. is highly varied, with standards differing significantly between states, districts, and even individual schools, leading to disparities in access and quality. Most states have laws that establish broad guidelines, such as whether sex education is required. Currently, 30 states and the District of Columbia require some form of sex education.[2] Even if sex education is not required to be taught in a state, state laws may also regulate what a district can and cannot teach regarding sex education. Currently, only 5 states explicitly require CSE.[3]

DENIAL OF SEX EDUCATION COMPOUNDS OTHER BARRIERS TO GOOD HEALTH, PARTICULARLY IN THE SOUTH AND MIDWEST

Access to sex education is most restricted in the South and Midwest, and students in most Southern and some Midwestern states are also living under a total abortion ban.[4] Many states in the South have high shares of people living in areas with limited or no access to certain sexual and reproductive health care, as well as resources that impact health outcomes, like nutritious food and broadband internet.[5] For young people in these areas, the lack of access to critical sex education combined with additional barriers to good health only worsens existing health disparities.

Receiving restricted or no sex education severely limits a young person's knowledge about how to make informed decisions about their sexual health and well-being, including how to prevent unintended pregnancies and sexually transmitted infections ("STIs"). Unsurprisingly, young people in the South and Midwest experience high rates of unintended pregnancies and STIs. Young people in these regions also may not be able to access necessary health care, like in-person abortion care or STI services, due to abortion bans and the impact these bans have on the availability of all reproductive health care. And young people, who either choose to remain pregnant or are forced to because they cannot access abortion care, may not be able to access other pregnancy care that is necessary to keep them and their infant healthy during and after their pregnancy.

Limited access to resources like broadband internet can exacerbate the knowledge gap young people face when they do not receive sex education in schools and cannot access sexual and reproductive health resources and educational materials online. The conditions in states in which young people are less likely to receive CSE and a high share of people lack access to critical reproductive health care and other important resources can result in compounding health harms—especially for communities that already face systemic discrimination and disinvestment.[6] And populations least likely to receive adequate sex education—students in rural areas, communities of color, LGBTQIA+ youth, and those from low-income backgrounds—face significant stigma and other barriers to accessing sexual and reproductive health information and care.[7]

IMPROVING HEALTH INEQUITIES THROUGH SEX EDUCATION

Just like sex education is necessary to achieve health equity, the principles of health equity should inform policies surrounding sex education requirements, the development of sex education curriculum, and how sex education is taught. Policies around sex education must recognize that young people do not live single issue lives, and many face multiple systemic barriers to achieving health equity.

Reducing Rates of STIs and Related Long-Term Health Consequences

Most young people learn about STIs and HIV transmission, prevention, and treatment options in sex education courses. STI and HIV rates in the Southern U.S. are alarmingly high,[8] particularly among young adults and Black and Hispanic communities. The South accounts for over 50% of new HIV cases in the U.S., despite currently comprising only 39% of the population.[9] Black and Hispanic communities are disproportionately affected, with Black individuals being nearly 8 times more likely to be diagnosed with HIV than their white counterparts.[10] Additionally, young Black women face chlamydia rates 4.5 times higher than white women, and gonorrhea and syphilis cases are significantly higher among people of color.[11]

These statistics have been used to disparage and further marginalize Southerners and people of color without capturing the full picture: limited sex education, barriers to health care access, systemic racism, and socioeconomic inequities contribute to, and worsen these disparities. For example, if a young person faces barriers to services for the early detection and treatment of STIs, they may face long-term—and even potentially fatal—consequences. Complications resulting from untreated STIs like gonorrhea and chlamydia can cause pelvic inflammatory disease, which can lead to certain types of infertility. Human Papillomavirus (HPV), a common STI, can cause many types of cancer, including cervical cancer. And these long-term consequences disproportionately harm women of color. Black women are almost twice as likely as either Hispanic or non-Hispanic women to experience infertility[12] and Black women and Hispanic women are more likely to die from cervical cancer than white women.[13]

Sex education reduces STI rates and plays an important part in reducing serious complications and long-term health consequences of STIs as it provides information about methods to reduce the transmission of STIs (like consistent barrier method use), how to recognize the signs and symptoms of infection, and the importance of regular STI testing for sexually active individuals for early diagnosis and treatment.[15]

CSE that is medically accurate, unbiased, and non-stigmatizing is critical to dispel myths and stigma around sexual health and STIs that harm everyone—but especially marginalized groups like people of color and LGBQTIA+ individuals.

Sex education courses can also help young people understand the landscape of relevant laws, like STI and HIV criminalization laws, in their states.

In addition to not receiving needed services or CSE, marginalized groups in the Southern and Midwest regions also face increased threats of STI and HIV criminalization, which refers to laws that penalize individuals for not disclosing their STI or HIV status to sexual partners, even when there is no intent to transmit the infection and, in some cases, when transmission does not occur. These laws, which exist in many Southern and Midwestern states,[14] disproportionately affect people of color, particularly Black individuals, and underserved communities such as LGBTQIA+ people. The stigma surrounding STIs, fear of legal repercussions and prosecution, and mistrust of the health care system due to long-standing mistreatment and racism make it harder for individuals to seek testing and treatment.

Sex education is essential to address the diverse experiences of all pregnant youth, and especially the experiences of traditionally underserved and under resourced communities—**including students of color and LGBTQIA+ students.**

Sex education curriculum should be inclusive of all genders and variations of sex characteristics, including transgender and intersex students. Otherwise, students may not know critical facts, like that gender-affirming hormone therapy is not effective birth control, or that some youth with intersex traits can get pregnant.

Pregnant and parenting students deserve to complete their education free from bias and harassment, but too often they are overlooked, face stigma, and are required to navigate education systems that aren't sufficiently accommodating. Sex education curriculum that contributes to stigmatizing this group of students can worsen these problems.

It is critical for all young people to receive CSE so that they have the information they need to protect their health and make informed decisions, including how pregnancy occurs, pregnancy prevention options (including birth control), and options for unintended pregnancies (including abortion, adoption, and parenting). Importantly, CSE does not contribute to stigmatization of pregnancy options. By teaching skills for healthy relationships such as understanding bodily autonomy and reproductive decision-making, CSE helps individuals decide whether and how to become a parent. This is crucial to determining one's own life path, pursuing personal and professional goals, and safeguarding economic security. Restricted access to sex education sits alongside other factors, such as barriers to contraceptive access, poverty, and systemic disadvantages, that all contribute to young people's inability to plan for and adequately respond to pregnancy.[16]

For young people who continue their pregnancies—including both those who make their own decision to continue and those who are forced to do so because they cannot access abortion care—there are barriers to completing their educations, including stigmatization and harassment. Discrimination against pregnant and parenting students violates Title IX, which prohibits sex-based discrimination in education. Despite legal protections, civil rights violations persist. Discrimination, combined with education resource inequities and basic needs insecurity, contributes to lower graduation rates for pregnant and parenting youth.[17] And nationwide, as fewer young people have complete agency over their reproductive futures, support for pregnant and parenting students is even more crucial.

Rates of teen pregnancy vary by state—and in Southern and Midwestern states, where access to sex education is the most restricted, teen birth rates are the highest.[18] Additionally, there is variance among different racial, ethnic, and socioeconomic groups: pregnancy rates (which include births, abortions, miscarriages, and stillbirths) for Black and Hispanic teens are higher than white teens.[19] Based on the available data, teen birth rates are higher among Black, Hispanic, American Indian or Alaskan Native, and Native Hawaiian or Pacific Islander teens than white or Asian teens.[20] CSE addresses racial disparities by explicitly acknowledging their existence and explaining the underlying social and systemic factors contributing to them.

In addition to acknowledging racial disparities, inclusive sex education programs reflect young people's sexual experiences in recognition that some LGBTQIA+ youth are as likely or more likely to become pregnant. A growing body of research indicates that bisexual girls are more likely to become pregnant when compared to straight teens.[21] Research on lesbian teen pregnancy is mixed, but two studies have found lesbian girls were more likely than heterosexual girls to become pregnant. Researchers have also found that transgender youth are just as likely to become pregnant as cisgender youth. And some intersex teens can also become pregnant, although more research is needed for this population.[22]

QUALITY SEX EDUCATION WORKS

- **Sex education plays a critical role in addressing health inequities by empowering young people with information and tools to make informed decisions about their bodies, relationships, and sexual and reproductive health.**
- **Without sex education, some young people who already face barriers to accessing necessary health care, like abortions, and other resources face exacerbated health harms.**
- **Utilizing sex education to accurately teach about STI symptoms, prevention, and treatment helps reduce serious complications and long-term health consequences.**
- **Sex education affirms young people's right to bodily autonomy and reproductive decision-making by teaching young people about pregnancy options including abortion, adoption, and parenting.**
- **For young people who continue their pregnancies, comprehensive sex education fights back against stigmatization.**

IF YOU'RE AN ADVOCATE

- **Advocate for comprehensive, medically accurate, inclusive, non-stigmatizing, and culturally competent sex education programs that center the voices and experiences of diverse youth and traditionally underserved and under resourced communities.**
- **Pass legislation that reinforces Title IX and strengthens protections for pregnant and parenting students.**
- **Advocate for comprehensive policies, in addition to sex education, that address the multiple and interconnected barriers many young people face to achieving health equity. For example:**
  - Advocate for policies in a manner that respects young people's reproductive autonomy and decisions by increasing access to the full range of sexual and reproductive health care options, including family planning services, abortions, and community-based and school-based resources for parenting students.
  - Support pregnant and parenting students by advocating for robust programs that support student parents, including basic needs programs like Medicaid, WIC, SNAP, TANF; housing supports; and child care programs.

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