



Reproductive Justice is the human right to control one's body, sexuality, gender, and reproductive choices. That right can only be achieved when all women and girls have the complete economic, social, and political power and resources to make healthy decisions about our bodies, our families, and our communities in all areas of our lives.

BLACK YOUTH DESERVE COMPREHENSIVE APPROACHES TO SEXUAL HEALTH EDUCATION

From a Reproductive Justice framework, sexual health education is a lifelong process of acquiring information and forming attitudes, beliefs, and values that inform how people navigate sexuality, preventive health care, and relationships.

Comprehensive sexual health education provides young people with the essential tools they need to make healthy decisions about their bodies, relationships, and sexual behaviors. In order to be effective, comprehensive sexual health education must be medically accurate; evidence-based; trauma-informed; and culturally competent with respect to race, ethnicity, ability, socio-economic status, gender, and sexuality. This information is especially important for Black youth, who are disproportionately harmed by health disparities that occur as a result of lack of access to comprehensive sexual health education.

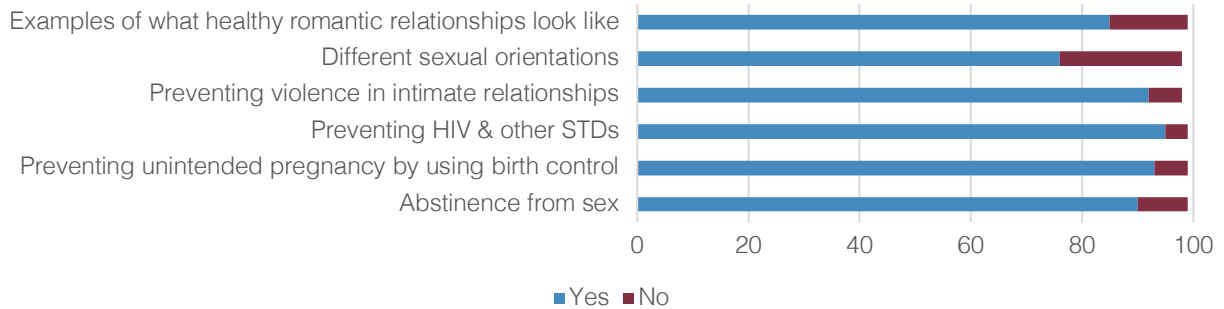
SEXUAL & REPRODUCTIVE HEALTH DISPARITIES IMPACT BLACK YOUTH

Systemic racism, structural inequalities, and health disparities mean that Black youth disproportionately face reproductive and sexual health challenges as a result of structural inequities. Health indicators suggest that Black youth have a significant need for the information and skills provided through comprehensive sexual health education.

- Since 1991, the pregnancy rate for Black teens between the ages of 15 and 19 has consistently been 2.5 times higher than that of white teens.¹
- Black teens experience sexually transmitted diseases and infections (STD/STIs) more than their white counterparts. Over the last 20 years, Black teens between the ages of 15 and 19 have contracted chlamydia, syphilis, and gonorrhea at rates that are between 5 and 16 times higher than that of white teens.²
- Black youth are more likely to be diagnosed with HIV than youth of other racial-ethnic backgrounds; Black 15-to-19-year-olds, for example, are 4.9 times more likely than Latinx youth, and 16.8 times more likely than white youth, to receive an HIV diagnosis.³

Effective sexual health education includes information and strategies to help address social pressure, build self-esteem, provide information about preventive care, help

BLACK PEOPLE BELIEVE HIGH SCHOOL SEX EDUCATION PROGRAMS SHOULD COVER:



youth have conversations with their partners, and empower youth to make the best choices possible for their lives. One study examining Black 13-to-21-year-olds’ sexual attitudes and behaviors found that:⁴

- Among those who have had sexual intercourse, almost half (45%) said they were pressured by their partner to do more than they wanted to.
- Although most of the young people (90%) did not want to get pregnant at that point in their life, more than two-thirds (67%) have had sex without contraception at least once.
- More than one-third (38%) of young women who use contraception inconsistently said they did so because their partner did not want them to use contraception.
- Almost three-quarters (72%) of Black youth think the media promotes the message that sex appeal is Black females’ most important quality.

Comprehensive sex education teaches young people about:⁵

- Bodily development
- Sexuality
- Sexual activity
- Contraception
- Abortion care
- STIs and STDs, including HIV/AIDS
- Pregnancy
- Informed decision-making and consent
- Sexual orientation and gender identity
- Healthy relationships and intimacy
- Intimate partner violence

These programs promote agency for youth during formative years as they mature from adolescence to adulthood. Comprehensive sexual health education programs lead to a delay in first sexual activity; a

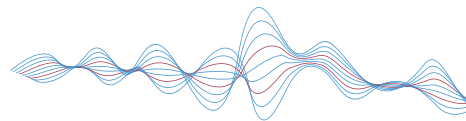
decline in unintended teen pregnancy and STD/STI rates; and an increase in the use of more effective contraception, at an earlier time.^{6 7} Such programs also equip teens with skills to:

- communicate about sex and reproductive health with their partners and parents;
- value and understand their bodily autonomy
- respect sex and sexuality; and
- make informed decisions about their reproductive and sexual health.

Sexual health education is effective, but too few youth—including Black youth—are benefitting from such programs. Sexual health education policies vary by state and are too often shaped by political considerations, rather than science. As a result, only 17 states require that health education

MEDICALLY ACCURATE, EVIDENCE-BASED SEXUAL HEALTH EDUCATION: A HEALTHY WAY FORWARD

Comprehensive sexual health education — coupled with strategies to address health access issues, stigma, and stereotypes — is a proven method for reducing reproductive and sexual health disparities. Comprehensive education provides tools and information young people need in order to make critical decisions about their bodies, sexual health, and relationships.⁵



Black youth deserve to receive well-funded, comprehensive sexual health education that centers their needs, experiences, and identities, and helps them access information and services.

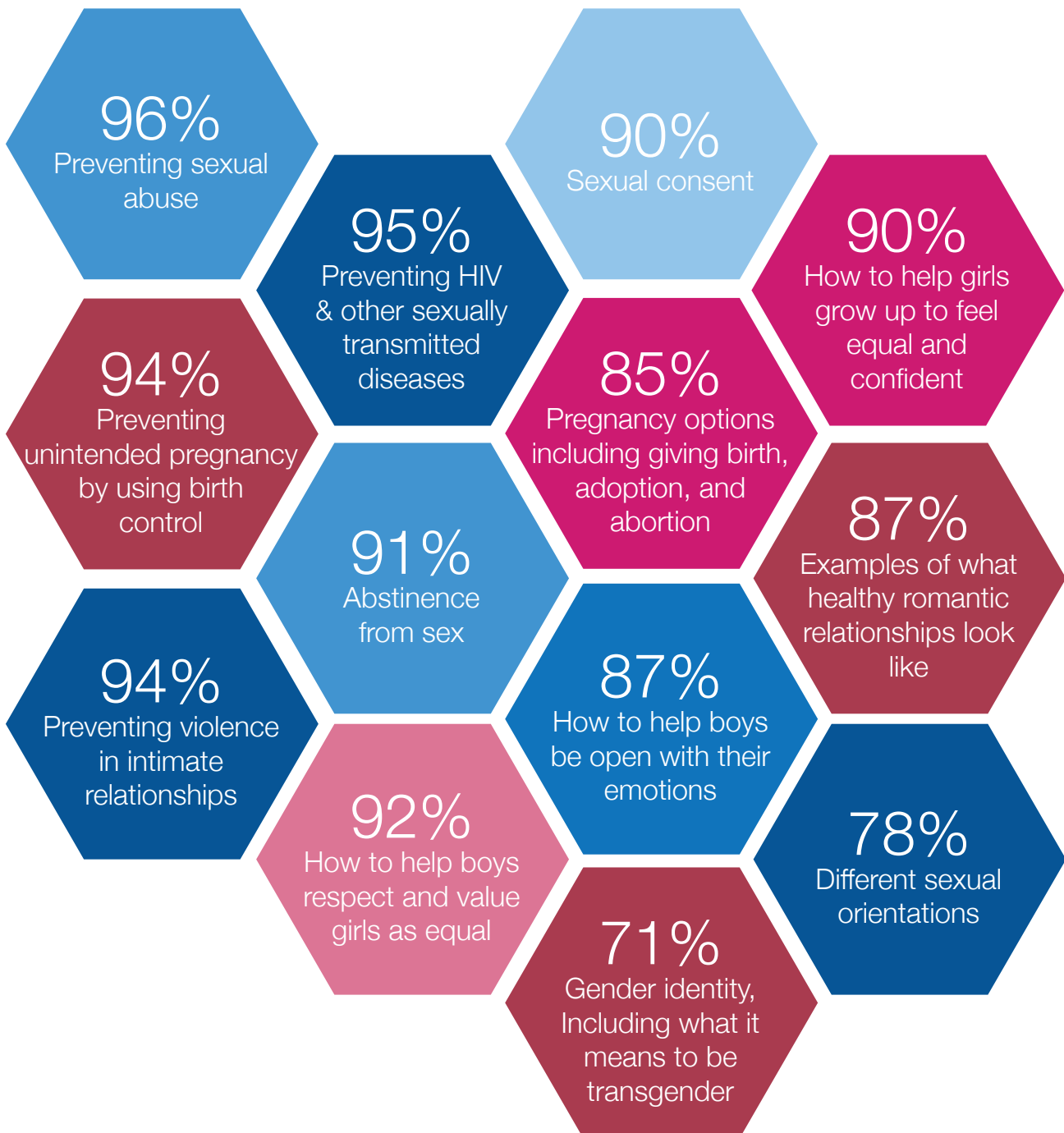
include medically accurate information, and only 9 states require sexual health education to be culturally appropriate and unbiased. Specifically:⁸

- 39 states and the District of Columbia (DC) mandate provision of sexuality education and/or HIV education; 28 states require that abstinence is

stressed as a part of the education; 19 states require inclusion of information on contraception. Other commonly required topics include dating violence (38 states and DC); healthy relationships (35 states and DC); and negative outcomes of teen sex and pregnancy (19 states and DC).

- While 17 states require that sexual orientation be addressed, 7 of these states require only negative information be provided about non-heteronormative sexualities and/or place a positive emphasis only upon heterosexuality.

TOPICS TO COVER IN HIGH SCHOOL SEX EDUCATION: DO YOU THINK A SEX EDUCATION PROGRAM SHOULD COVER...



- 40 states require parental involvement in some manner, including allowing parents to opt their children out of the education (35 states and DC); notifying parents that sexual health education is being provided (25 states and DC); and requiring parental consent for the education (5 states).

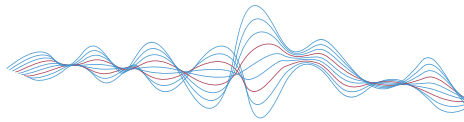
ABSTINENCE-ONLY-UNTIL-MARRIAGE EDUCATION PROMOTES DANGEROUS LIES & MISINFORMATION

Not all health education is created equal; some forms may actually cause harm, such as “abstinence-only-until-marriage programs.” These programs use misinformation and stigma to scare young people about sexual activity. Abstinence-only-until-marriage programs jeopardize Black youth’s health and well-being of, fail to affirm their sexuality, and ignore the need for information and tools to make healthy decisions and build healthy relationships.

who participate in abstinence-only-until-marriage programs are no more likely to delay having sex; to have fewer sexual partners; or to use contraception consistently.¹⁰

- One study found higher rates of the human papilloma virus (HPV) and non-marital pregnancies among young women who made “virginity pledges” (a frequent component of such programs)^{11 12}
- Another analysis found that teens who made virginity pledges had the same STD/STI rates as those who did not make such pledges, but were less likely to use condoms the first time they had sex, and more likely to delay treatment for STD/STIs.¹³

Federal funds for abstinence-only-until-marriage education, coupled with a divestment in Title X family planning funding and refusal to expand Medicaid, create an environment that increasingly puts Black young people’s sexual and reproductive health at risk.



While 17 states require that sexual orientation be addressed, 7 of these states require only negative information be provided about non-heteronormative sexualities and/or place a positive emphasis only upon heterosexuality.

A Congressional review of abstinence-only-until-marriage programs found that 80% of curricula examined included false information about abortion risks and contraceptive effectiveness, and misrepresented conservative religious beliefs as scientific facts.⁹

- Abstinence-only programs do not succeed in their goal of preventing young people from having sex until marriage, reducing pregnancy, or STD/STIs. Compared to other youth, those

BLACK PARENTS WANT YOUTH TO HAVE COMPLETE INFORMATION

Almost all (90%) of Black parents and students overwhelmingly support comprehensive sexual health education.¹⁴ A large majority (78%) of Black women and men believe that that sexual development is normal, and the best approach to health education is to provide all the information about sex and contraception.¹⁵

THE NEXT STEP

Comprehensive sexual health education is essential to address Black youth’s health disparities. These programs can affirm young people’s identities; use real-world barriers as learning opportunities; and examine experiences pertaining to race, gender, sexual orientation and other intersections that affect their lives. Black youth deserve to receive well-funded, comprehensive sexual health education that centers their needs, experiences, and identities, and helps them access information and services.

In Our Own Voice has endorsed two pieces of federal legislation that would help advance comprehensive sexual health education:

- **Real Education for Healthy Youth Act (REHYA)** H.R.2720/S.1524: this bill would expand high-quality sexual health education nationwide. REHYA supports health education that does not stigmatize sex, does not discriminate against LGBTQI+ students, and fosters access to medically accurate information and contraception services. REHYA eliminates the federal abstinence-only-until-marriage funding and reprograms funds to support comprehensive sexual health education instead.
- **Youth Access to Sexual Health Services Act (YASHS)** (H.R.2701/S.1530): this bill would provide community grants to increase and improve marginalized youth’s linkages and access to sexual and reproductive health care services. It would specifically support programs to serve youth of color and youth who are immigrants, LGBTQI+, homeless, in foster care or juvenile detention, and other young people facing barriers to sexual health care. It funds resources to support partnerships and programs that equip young people with medically-accurate, complete, and age-appropriate information and skills on how to access sexual health care and related services.

Comprehensive sexual health education is a crucial tool for Black youth to achieve full bodily autonomy. Strategies for advancing comprehensive sexual health education policies must center the Reproductive Justice value of bodily autonomy and affirm the agency and needs of young Black people.

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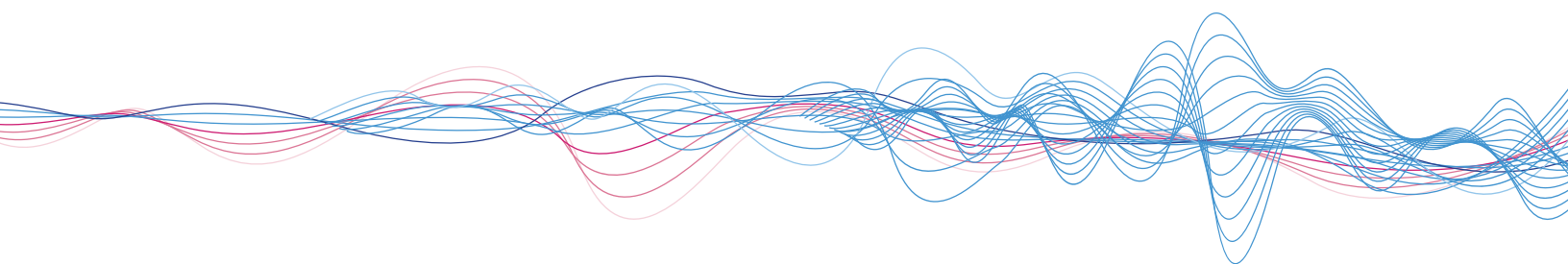
IN OUR OWN

National Black Women's
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IN OUR OWN VOICE: NATIONAL BLACK WOMEN'S REPRODUCTIVE JUSTICE AGENDA

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In Our Own Voice: National Black Women's Reproductive Justice Agenda is a national Reproductive Justice organization focused on lifting up the voices of Black women at the national and regional levels in our ongoing policy fight to secure Reproductive Justice for all women and girls. Our eight strategic partners include Black Women for Wellness, Black Women's Health Imperative, New Voices for Reproductive Justice, SisterLove, Inc. SisterReach, SPARK Reproductive Justice Now, The Afya Center and Women With A Vision.



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