



Alabama Campaign to Prevent Teen Pregnancy 2018 Policy Priorities

Alabama is significantly impacted by adverse reproductive health outcomes such as teen pregnancies and sexually transmitted infections (STIs), including HIV. Teen childbearing has been associated with negative educational and social consequences including poor educational attainment for the teen parent, dependence on public assistance, and poor health outcomes for the children of teen mothers (e.g. low birth weight and premature birth). Additionally, STIs represent a significant source of morbidity for adolescents and young adults age 15-24 years. Inadequate sexual health education, limited community-based resources and lack of youth programs and services that are medically-accurate and age-appropriate are contributing factors to these adverse reproductive health outcomes.

Reducing the rate of teen pregnancy is one of the most direct means to achieve overall child well-being, ensure a healthy adolescence and transition to adulthood, and reduce persistent poverty. In 2015 (*most recent national comparison data*) the teen birth rate in Alabama among girls aged 15-19 was 30.1, a rate that placed Alabama among the states with the highest rates of teen pregnancy in the nation.¹ Per data published by Power to Decide (previously the National Campaign to Prevent Teen and Unplanned Pregnancy), in 2015 the United States teen birth rate among girls aged 15-19 was 22.0. Based upon the 2015 data, Alabama ranks 41st (50 = worst) in the nation for births to teens aged 15-19.

The Alabama Campaign to Prevent Teen Pregnancy envisions sexually healthy people and communities throughout Alabama and advances our mission of leading Alabama in embracing evidence informed sexual health education as critical to healthy youth development. We seek to achieve our vision and mission by ensuring policy makers propose, enact, and mandate policy that is 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) EXPAND PERSONAL RESPONSIBILITY EDUCATION PROGRAMMING (PREP) FOR ALABAMA PUBLIC SCHOOLS

The issue: Alabama receives Personal Responsibility Education Programming (PREP) funds through the Alabama Department of Public Health (ADPH) Adolescent Pregnancy Prevention Branch (APPB). Since ADPH APPB has received these funds, the grant process has only been open to community-based organizations who do not plan to do programming in schools. Meanwhile, abstinence-only programming, which Alabama also receives through ADPH APPB, is open to Alabama public schools.

¹ Power to Decide, <https://powertodecide.org/what-we-do/information/national-state-data/alabama>

Why it matters: While ACPTP affirms PREP for community-based organizations, a large population of young people are missing this important information in the place where it is easiest to find them – public schools. They do, however, receive abstinence-only education in public schools. This means young people are only hearing part of the vital information they need to protect their sexual health.

What must be done: ACPTP recommends that PREP be open to application by community-based organizations that serve public school populations and Alabama public schools. Alabama young people need comprehensive sexual health education to make fully informed decisions about their sexual health for the rest of their lives.

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

The issue: Alabama’s sexual health education law proposes that if sexual health education is taught, it must cover several topic points (Code of Alabama, 1975, § 16-40A-2) Among these points is “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, 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).²

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 value-based. Using this language around young people, many of whom are struggling with sexual identity, is harmful.

What must be done: ACPTP has focused on this aspect of the sexual health education law for the last five years, alongside partner organizations and young people. ACPTP continues to recommend that this section of the Alabama sexual health education law be removed.

(3) MANDATE COMPREHENSIVE AND INCLUSIVE SEX EDUCATION IN PUBLIC SCHOOLS

The issue: Alabama does not mandate sexual health education in public schools; however, Alabama does mandate HIV/AIDS education. Alabama state law allows for the teaching of sexual health education, but there is not a requirement that the content of the education be age-appropriate, and the existing law is exclusionary of LGBTQ youth. The Alabama Health Course of Study defines minimum content for HIV/AIDS education and sexual health education.

Why it matters: Youth need the knowledge, skills, and access to 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 tools they need to make smart decisions about their relationships and sexual health. Without this education, we will continue to see high rates of teen pregnancy and birth (compared with the rest of the United States) and rising rates of STIs and HIV.

What must be done: ACPTP recommends that the Alabama legislature amend the sexual health education law to make sexual health education comprehensive, inclusive, and mandatory for all public schools in the

² <https://www.theatlantic.com/national/archive/2014/06/a-man-cannot-be-raped-by-another-man-in-alabama/372973/>

state. ACPTP recommends that age appropriate longitudinal sexual health education programming be implemented yearly through the 12th grade.

(4) ENSURE REPRODUCTIVE HEALTH ACCESS FOR ALL ALABAMIANS

The issue: Since the passage of the Affordable Care Act (ACA) in 2010, insurers are required to provide pregnancy, maternity, and newborn care (before and after birth), preventative and wellness services, and birth control and breastfeeding coverage.³ This includes preventative services such as immunizations for HPV, 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 well woman visits for all women without co-pay. The newly inaugurated administration has promised to repeal the ACA, and has already signed an Executive Order to begin the process. Additionally, Congress has begun the repeal process in legislature without plans for a replacement.

Why it matters: Before the ACA, adults seeking reproductive health services had to pay an insurance co-pay to see their doctor, plus a percentage of their visit that their insurance did not cover. Birth control access was limited to what the patient could afford to pay out of pocket. This led to many Americans choosing not to be seen for preventative services, screening, and birth control prescriptions.

What must be done: We implore the current administration to see the values of the ACA and either keep it as law, or replace it with a law that continues to cover these vital reproductive health services. Access to preventative care, particularly birth control, has undoubtedly impacted the falling teen birth rates in this country and Alabama. Whether through a public or private insurer, all Alabamians should have access to reproductive health services.

³ <https://www.healthcare.gov/coverage/what-marketplace-plans-cover/>